

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

40985

1. PLACE OF DEATH

County Putnam Registration District No. 6701
Township North Primary Registration District No. 5893
City Beaman (No. R 7 N # 2) St. _____ Ward _____

2. FULL NAME

Nancy De Witt Ellis
(a) Residence, No. Beaman R # 2 St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Spencer Ellis
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 1 1854
7. AGE YEARS 79 MONTHS 4 DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
13. NAME Thos. P. De Witt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know
15. MAIDEN NAME Rhoda H.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know
17. INFORMANT Thos. Ellis (ADDRESS) Beaman Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Ingersoll Ave DATE 12/5 33
19. UNDERTAKER Mississippie Trust Home (ADDRESS) Beaman Mo
20. FILED Dec. 8 1933 Plossie Ferguson (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-2, 1933
22. NO I HEREBY CERTIFY, that I attended deceased from Nov 10 1933 to Dec 4 1933
I last saw her alive on Nov 7 1933. Death is said to have occurred on the date stated above, at 4:00 a.m.
The principal cause of death and related causes of importance were as follows:

apoplexy
Date of onset _____
Other contributory causes of importance _____
8761

Name of operation _____ Date of _____
What test confirmed diagnosis? symptoms Was there an autopsy? No
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) E. Holtz _____, M. D.
(Address) Beaman Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAINTAINED FOR BINDING

1944

1944