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

1934

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

Do not use this space.

7
3
4

1. PLACE OF DEATH
County Bates
Township ~~Mt Pleasant~~
City Butler (No. ..... St. ..... Ward)

Registration District No. 50
Primary Registration District No. 3004

File No. 7752
Registered No. 20

2. FULL NAME ~~Cole~~ Wm. Clyde Ellington

(a) Residence, No. ..... 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 male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Ellen Ellington

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 9-1899

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
35	11	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician
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) Missouri

FATHER
13. NAME Isaac Ellington
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ~~Illinois~~ Kentucky

MOTHER
15. MAIDEN NAME Florence Beach
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

17. INFORMANT (ADDRESS) Mrs. Ellen Ellington Butler Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Hill DATE 3/5 1934

19. UNDERTAKER (ADDRESS) Culver's Butler Mo

20. FILED 3/4 1934 Nina L Culver Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 3 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 3 1934, to Mar 3, 1934
I last saw him alive on March 3, 1934. Death is said to have occurred on the date stated above, at 8:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Electrocution	
193 High tension wire	
Other contributory causes of importance:	
Electrocution	

193

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury March 3, 1934
Where did injury occur? On transformer at Light Plant Butler Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In industry on City Premises
Manner of injury Accidental contact with high
Nature of injury Voltage wire

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Carter W. Lister, M. D.
(Address) Butler, Mo.