APR 25 1934

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

Do not use this space.

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1. PLACE OF DEATH
County DeKalb Registration District No. 269
Township Camden Primary Registration District No. 1156
City Amity (No. , St. Ward)
File No.
Registered No.

2. FULL NAME Donald Bartlett Ellis

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 25 1934

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ..hrs. or ..min.
		4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
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) Amity Mo

FATHER
13. NAME Forrest Ellis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DeKalb Co.

MOTHER
15. MAIDEN NAME Hazel Bartlett
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DeKalb Co

17. INFORMANT Forrest Ellis
(ADDRESS) Amity Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Amity Cem DATE 3/29-34 19..

19. UNDERTAKER U.G.Pilcher
(ADDRESS) Maysville Mo

20. FILED 4-7 1934 Hattie Gibson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 29 1934

22. I HEREBY CERTIFY, That I attended deceased from March 25, 1934, to March 29, 1934
I last saw him alive on March 29, 1934 Death is said to have occurred on the date stated above, at 6 45 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	//
15 D	//
16 D	//

Other contributory causes of importance:
Intussusception

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? 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?
If so, specify
(Signed) W. R. Reynolds M.D.
(Address) Maysville Mo.

Cross out words not applicable. Statements should agree with those on Certificate of Birth, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County DeKalb — Registration District No. 25-9
Township Amity — Primary Registration District No. 4156 — File No.
City (No. St. Ward) — Registered No.

2. FULL NAME Donald Bartlett Ellis

(a) Residence, No. (Usual place of abode) St., Ward. (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 26-1934

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
			4	

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

FATHER
13. NAME Forest Ellis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DeKalb Co. Mo.

MOTHER
15. MAIDEN NAME Hazel Bartlett
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DeKalb Co.

17. INFORMANT (ADDRESS) Forest Ellis Amity, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Amity Cem. DeKalb Co. DATE 3-29 1934

19. UNDERTAKER (ADDRESS) H. A. Pilcher Maryville, Mo.

20. FILED 4/7 1934 Mrs. Hattie Gibson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 25- 1934, to March 29- 1934
I last saw h... alive on March 29- 1934. Death is said to have occurred on the date stated above, at 6-15 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	
Intestinal Obstruction	
Congenital Malformation	

Other contributory causes of importance:

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? 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?
If so, specify
(Signed) R. R. Reynolds Dr. O. M. D.
(Address) Maryville, Mo.

SUPPLEMENTARY

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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