

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis (No. Barnes Hospital)

Registration District No. 791
Primary Registration District No. 1003

File No. 18506
Registered No. 4987
St. Ward)

2. FULL NAME

(a) Residence, No. St. Y/R Ward. mine Lamotte, Mo.
(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 Mamie Ellis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan - 22 - 1895

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
39 3 22

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

13. NAME Thomas Ellis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Avon Mo

15. MAIDEN NAME Sophia Marlow

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT (ADDRESS) Mrs. L. A. Laflin
4159 Shaw Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Womack Mo DATE 5-19, 1934

19. UNDERTAKER (ADDRESS) Albert H. Hoppe Inc.
429 N. Euclid Ave.

20. FILED 'V. 17 10:19 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16 - 1934

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1934, to May 16, 1934

I last saw him alive on May 16, 1934. Death is said to have occurred on the date stated above, at 4:40 P.M.

The principal cause of death and related causes of importance were as follows:

Pung abscess (cause unknown) Date of onset ?

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) E. U. Thor, M. D.

(Address) Barnes Hospital

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.

JUN 19 1934

