

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

Do not use this space.

File No. **22879**

1. PLACE OF DEATH

County **Stoddard**

Registration District No. **839**

Township **Veely**

Primary Registration District No. **6701**
4510

Registered No. _____

St. _____ Ward _____

2. FULL NAME

Sarah Perpetua Ellis

(a) Residence, No. _____ St. _____ Ward _____

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **F** 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 **John Ellis**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug 10 - 1858**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
75. 10

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. **At Home**
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) **Indiana**

13. NAME **John Wiley**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Indiana**

15. MAIDEN NAME **Do not know**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **do not know**

17. INFORMANT (ADDRESS) **Elmer Ellis**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Taylor** DATE **June 17 34**

19. UNDERTAKER (ADDRESS) **Knights Funeral**

20. FILED **6 11 7** 19 **34** **J. D. Broderick** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 16 1934**

22. I HEREBY CERTIFY, That I attended deceased from **June 14** 19 **34** to **June 16** 19 **34**
I last saw him/her alive on **June 14** 19 **34** Death is said to have occurred on the date stated above, at **4 P.** m.
The principal cause of death and related causes of importance were as follows:

Colitis
1203
1203

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) **J. D. Broderick**, M. D.
(Address) **East 200**

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.

JUL 2 1934

22

