

DEC 2 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Greene Registration District No. 310 File No. 35707
Township Cooper Primary Registration District No. 54290 Registered No. 103
City Darlington (No.) St. Ward)

2. FULL NAME

Infant Dorothy Pauline 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 20 1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 0 1

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
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) Cooper township Mo.

FATHER
13. NAME W. D. Ellis

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

MOTHER
15. MAIDEN NAME Ethel Honeycutt

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

17. INFORMANT (ADDRESS) With Linquist Darlington Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Long Branch DATE Oct. 22 1934

19. UNDERTAKER (ADDRESS) A. T. Baze Alliance Mo.

20. FILED Oct 22 1934 Shattie David Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 21 1934
22. I HEREBY CERTIFY, That I attended deceased from Oct 21 1934 to Oct 21 1934
I last saw her alive on Oct 21 1934 Death is said to have occurred on the date stated above, at 6 P. m.
The principal cause of death and related causes of importance were as follows:

159 Date of onset
21
Premature Birth 1934
Other contributory causes of importance:
159

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? Yes
If so, specify
(Signed) J. N. Barger M. D.
(Address) Albany Mo.

WHITE 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.

