FEB 18 1935

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

Do not use this space.

3-1
4-1

1. PLACE OF DEATH
County: Clair
Township: Hinewah
City: Novinger (No. ..... St. 4 Ward)
Registration District No. 2
Primary Registration District No. 4004
File No. .....
Registered No. .....

2. FULL NAME: Rufus Ellsworth

(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: M
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 15 1849

7. AGE: 86 YEARS | MONTHS | DAYS 15 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penn

PARENTS
10. NAME OF FATHER: Chacie Ellsworth
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Penn
12. MAIDEN NAME OF MOTHER: Jelemma Morris
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Penn

14. INFORMANT: Mrs Crystel Mallory
(Address) Stahl Mo R#2

15. FILED 1/31, 1935 J.S. Gashwiler REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 29 1935

17. I HEREBY CERTIFY, That I attended deceased from Jan 24, 1935, to Jan 29, 1935, that I last saw h..... alive on Jan 29, 1935, and that death occurred, on the date stated above, at 5 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia Lobar
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): age & blindness
(duration) 10 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? at home
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) J. Schooling Gashwiler, M.D.
1/31, 1935 (Address) Novinger Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Novinger Cemetery — DATE OF BURIAL: Jan 31 1935

20. UNDERTAKER: Llewellyn & Son — ADDRESS: Novinger Mo

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.