

APR 2 1935

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

Do not use this space.

9842

1. PLACE OF DEATH

County Marion Registration District No. 547
Township _____ Primary Registration District No. 3079
City Hannibal (No. 412, Pine)

File No. _____
Registered No. 93
St. _____ Ward _____

2. FULL NAME

Dorothy Alberta Ellis

(a) Residence, No. 412 Pine 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 _____ X

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 10, 1910

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 24 7 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stenographer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rendlen Motor Co

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) Harelock Nebraska

13. NAME John H. Ellis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Louisa M. Martin

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

17. INFORMANT John H. Ellis (Father)
(ADDRESS) 412 Pine Hannibal, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Grand View DATE March 25, 1935

19. UNDERTAKER (ADDRESS) Wm M Smith
902 Broadway, Hannibal, Mo

20. FILED Mar 27 1935 A J Bohler
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from 2-14, 1935 to 3-25, 1935

I last saw h. alive on 3-25, 1935 Death is said to have occurred on the date stated above, at 10:10 pm.

The principal cause of death and related causes of importance were as follows:
acute bleerative Endocarditis Date of onset 3-17-35

9/1/35

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? Phys. Ex. Was there an autopsy? no

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? CCO

(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 H A Becky M. D.
(Address) Hannibal 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.

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Hannibal, Mo

MISSOURI STATE BOARD OF HEALTH - THIS IS A PERMANENT RECORD

