

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.

APR 2 1935

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

Do not use this space.

11596

## 1. PLACE OF DEATH

County Shannon Registration District No. 1125  
Township Newton Primary Registration District No. 6082  
City (No. ) St. Ward

File No. ....

Registered No. ....

2. FULL NAME J. H. Ellerman

(a) Residence, No. St. Ward. (If nonresident, give city or town and State)  
(Usual place of abode)

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 Belae Freeman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 13 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
78 11 18

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) Indiana

13. NAME Garrett Ellerman

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

15. MAIDEN NAME -----

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

17. INFORMANT Alice Broadfoot  
(ADDRESS) Gladden Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Criseo Cem DATE 3/3/35, 19

19. UNDERTAKER Carl K Spencer  
(ADDRESS) Salem Mo

20. FILED 3/3/1935 Maud Pugh  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-3-193522. I HEREBY CERTIFY, That I attended deceased from Feb 27, 1935, to March 2, 1935

I last saw him alive on Feb 27, 1935. Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:  
Cardiovascular Renal Disease Date of onset 1934

Other contributory causes of importance:  
Empyema 1935

Name of operation None Date of -----

What test confirmed diagnosis Autopsy 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? ✓ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. 1

Manner of injury None  
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify None

(Signed) A. G. Dickey, M. D.  
(Address) Salem Mo

