

AUG 14 1935

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

Do not use this space.

22598

## 1. PLACE OF DEATH

County Douglas Registration District No. 1075  
Township Linscomb Primary Registration District No. 5381  
City Ava, Mo. (No. \_\_\_\_\_, St. \_\_\_\_\_ Ward \_\_\_\_\_)

## 2. FULL NAME

Kenda Ellison

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 27 yrs. 6 mos. 7 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 male 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) Jan. 5, 1912

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
23 6 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Farming  
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) Ava, Mo.

MOTHER FATHER 13. NAME Ava Ellison

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ava, Mo.

15. MAIDEN NAME Annie Andrews

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) marshfield mo.

17. INFORMANT (ADDRESS) Annie Ellison

18. BURIAL, CREMATION, OR REMOVAL PLACE Burial Ellison DATE July 11, 1935

19. UNDERTAKER (ADDRESS) C. V. Chinking dead

20. FILED July 15, 1935 J. D. Aiel Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-9, 1935

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:

Gun shot  
by unknown Bandit

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? gun Date of injury 7/9, 1935

Where did injury occur? Douglas Co.  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public place

Manner of injury As stated

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) J. D. Ferguson, M. D.

(Address) Ava 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.

