

AUG 22 1935

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

Do not use this space.

28443

1. PLACE OF DEATH

County HoldenRegistration District No. 838File No. 184Township LibertyPrimary Registration District No. 4509

Registered No. _____

City _____ (No. _____) St. _____

Ward _____

2. FULL NAME

(a) Residence, No. 1015 N. 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Cary Ellis</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 8, 1912</u>		
7. AGE	YEARS <u>22</u>	MONTHS <u>10</u>
	DAYS <u>27</u>	IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>
	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)
Johnson County, Illinois13. NAME
John Goodman Ellis14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Ill.15. MAIDEN NAME
Rosie Gibbs16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Ill.17. INFORMANT
Joe Ellis
(ADDRESS) 1015 N. St., W.18. BURIAL, CREMATION, OR REMOVAL
PLACE Clear Valley DATE 8/26/3519. UNDERTAKER
Wendell J. Smith
(ADDRESS) Wester, Mo.20. FILED 8-10 1935 Alice L. Norman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on Aug 5, 1935. Death is saidto have occurred on the date stated above, at 6:40 A.M.

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

ShockDue to both legs crushed

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis X-ray Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accidental Date of injury Aug 5, 1935Where did injury occur? Wester, Mo.

(Specify city or town, county, and State)

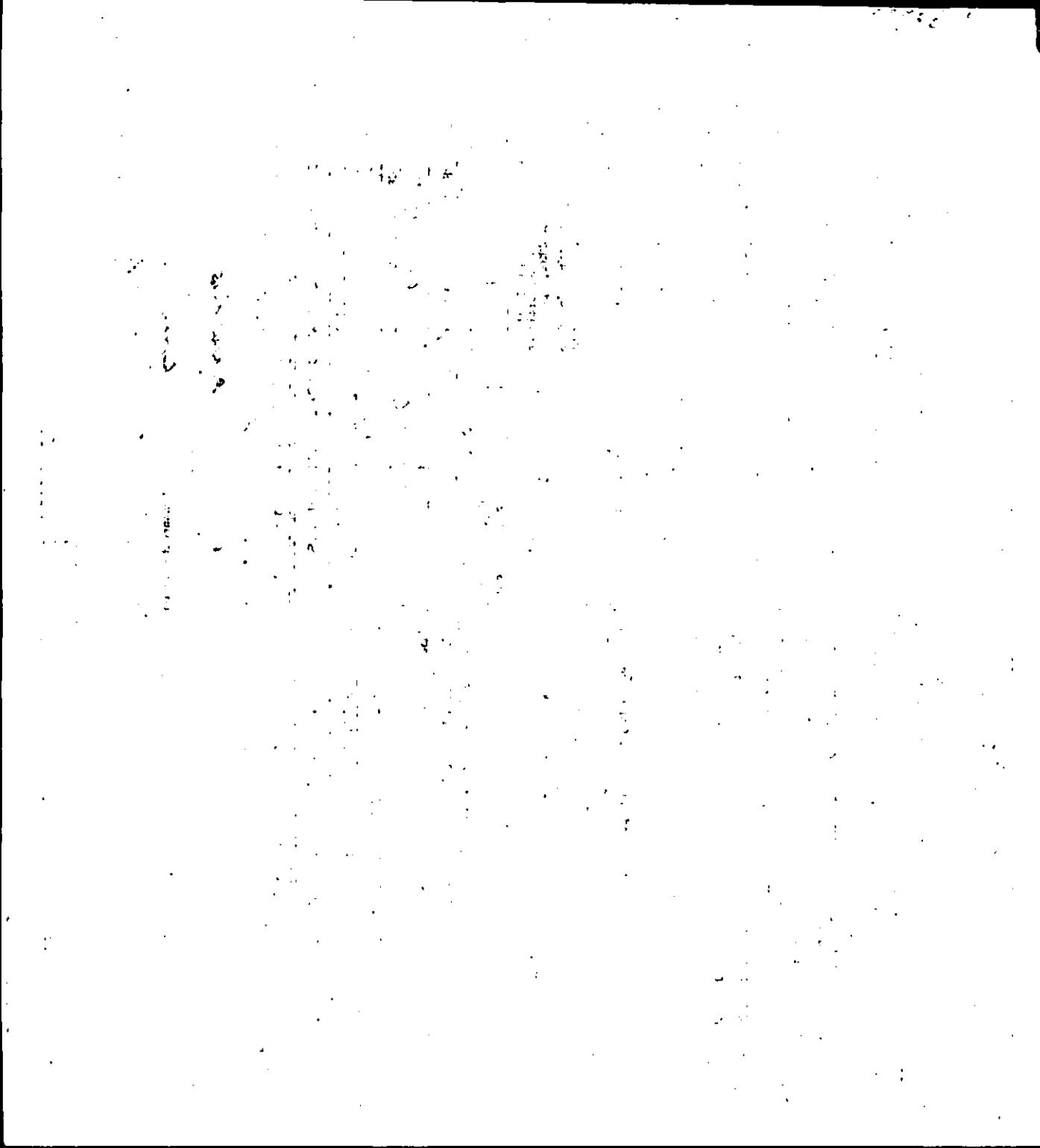
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Run over by trainNature of injury Both legs crushed24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) John W. Wilson, M. D.(Address) Wester, Mo.Wester, 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.



CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 11-19-2010 BY 60322 UCBAW/STP
FOR MUST BE WRITTEN IN
THIS SPACE Do not use this space.

1. PLACE OF DEATH

County Stoddard
Township Liberty
City (No. _____) _____

Registration District No. 838
Primary Registration District No. 45-09

File No. _____
Registered No. 184
St. _____ Ward _____

2. FULL NAME

Louis 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

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 5 1935

I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

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

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____, m.

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

7. AGE YEARS MONTHS DAYS LESS than 1 day, _____ hrs. or _____ min. 22

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

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

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

10. Date, deceased last worked at the occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Date of onset _____
Other contributory causes of importance: _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____, 19____

19. UNDERTAKER (ADDRESS) _____

20. FILED 8-10 1935 Alice L. Norman Registrar

24. Was disease or injury in any way related to occupation of deceased? If so, specify _____ (Signed) _____, M. D. (Address) _____

EXEMPTED

