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.

SEP 26 1935

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

Do not use this space.

28464

1. PLACE OF DEATH
County Stone
Township Pierce
City ~~Crane~~ (No. ..... St. ..... Ward)

Registration District No. 842
Primary Registration District No. 6104

File No. .....
Registered No. .....

2. FULL NAME Sarah I Ellis

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

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 16 1865

7. AGE YEARS 69 MONTHS 8 DAYS If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper
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) Barry Co Mo

FATHER
13. NAME David Seitz
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

MOTHER
15. MAIDEN NAME Helen Austin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

17. INFORMANT (ADDRESS) H H Ellis Crane Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Masonic DATE 8 18 1935

19. UNDERTAKER (ADDRESS) Eugene Wood

20. FILED Aug 18 1935 Mrs. Ethel Doggett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-16, 1935

22. I HEREBY CERTIFY, That I attended deceased from June, 1935, to 8-16, 1935
I last saw her alive on 8-16, 1935. Death is said to have occurred on the date stated above, at 9-10 P.
The principal cause of death and related causes of importance were as follows:

Thrombosis in leg and probably in intestinal tract some place

Date of onset Aug 1st

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? ..... 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.
.....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) J C R Doggett, M. D.
(Address) ~~Crane~~ Crane Mo