

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

Do not use this space.

OCT 25 1935

30216

1. PLACE OF DEATH

County New Madrid Registration District No. 105
Township Cairo Primary Registration District No. 4357
City Fredonia (No. _____) St. _____ Ward _____

2. FULL NAME

Jessie Lee 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

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 8 1919</u>		
7. AGE YEARS <u>16</u>	MONTHS <u>8</u>	DAYS <u>22</u>
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 this occupation (month and year) _____		
11. Total time (years) spent in this occupation _____		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>death Co Mo</u>		
13. NAME <u>Jessie Ellis</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn</u>		
15. MAIDEN NAME <u>Minnie Foster</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>death Co Mo</u>		
17. INFORMANT <u>Father</u> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Malden</u> DATE <u>Sept 2 1935</u>		
19. UNDERTAKER <u>Craig Malden Mo</u> (ADDRESS)		
20. FILED <u>Sept 2 30 Dr. C. S. Husted</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 1 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1935 to Sept 1 1935.
I last saw him alive on Sept 1 1935. Death is said to have occurred on the date stated above, at 4:28 p.m.
The principal cause of death and related causes of importance were as follows:
Malaria
g.i.
Date of onset Aug 20

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? Chimed 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.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) A. F. Buskirk M. D.
(Address) _____

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.

