APR 15 1936

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

Do not use this space.

9185

1. PLACE OF DEATH
County Bates
Township
City Butler. (No. , St. Ward)
Registration District No. 50
Primary Registration District No. 3004
File No.
Registered No. 31

2. FULL NAME Isaac Howard 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 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 Mrs Isaac Ellis.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 7 1852
7. AGE YEARS 83 MONTHS 6 DAYS 16 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Truck Gardner
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) Coke Co. Tennessee

FATHER
13. NAME William Ellis.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Coke Co Tenn

MOTHER
15. MAIDEN NAME Mary Ann Dawson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Coke Co Tenn.

17. INFORMANT (ADDRESS) Howard Ellis Butler Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Hill DATE March 26 1936
19. UNDERTAKER (ADDRESS) Culver Butler Mo.
20. FILED March 26 1936 Nina L Culver Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 23, 1936
22. I HEREBY CERTIFY, That I attended deceased from Mch 16, 1936, to Mch 22, 1936
I last saw him alive on Mch. 22, 1936 Death is said to have occurred on the date stated above, at 12 midnight
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Prostate	
5	

Other contributory causes of importance: Toxic Condition

Name of operation none 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? no 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) C. A. Lusk, M. D.
(Address) Butler 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.