

APR 8 1936

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

11610

## 1. PLACE OF DEATH

County Miller  
 Township Bellevue  
 City Ellersville (No. \_\_\_\_\_)

Registration District No. 561Primary Registration District No. 5-7551

File No. \_\_\_\_\_

Registered No. 24

St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. Ellersville, Mo. St. \_\_\_\_\_

(Usual place of abode)

Ward. \_\_\_\_\_

(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

M

## 4. COLOR OR RACE

W

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

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

Do not know

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

8/24/1841

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

## OCCUPATION

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

Farmer

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

Retired

## 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)

Missouri

## FATHER

## 13. NAME

not known

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

not known

## MOTHER

## 15. MAIDEN NAME

not known

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

not known

## 17. INFORMANT (ADDRESS)

Hywood Quos, Ellersville, Mo.

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Ellersville, Mo.DATE 3/18/361936

## 19. UNDERTAKER (ADDRESS)

Phillips Funeral home

## 20. FILED

3/171936Rebecca Hays

Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH (MONTH, DAY, AND YEAR)

3/161936

## 22. I HEREBY CERTIFY, That I attended deceased from

3/121936to 3/161936I last saw him alive on 3/151936

Death is said

to have occurred on the date stated above, at 4 A. a.m.

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

Pneumonia  
Bronchial

Date of onset

3/15

Other contributory causes of importance:

Influenza

Name of operation

Date of

What test confirmed diagnosis? Chest 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?

If so, specify

(Signed)

W. F. Allen

M. D.

(Address)

Ellersville, Mo.

