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

AUG 21 1936

Do not use this space.

23401

File No.

Registered No. 52

1. PLACE OF DEATH

County Lawrence — Registration District No. 467

Township Aurora — Primary Registration District No. 4280

City Aurora (No. 115 East Crescent St. Ward)

2. FULL NAME Lawrence Wesley Ellingsworth

(a) Residence, No. 115 E. Crescent 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 18 -1903

7. AGE: YEARS 32 MONTHS 11 DAYS 13 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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) Mariomville Missouri

FATHER

13. NAME J.F.Ellingsworth

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greene County Missouri

MOTHER

15. MAIDEN NAME Corda McGinnis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stone County Missouri

17. INFORMANT (ADDRESS) Mrs J.F.Ellingsworth Aurora Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Aurora Mo. DATE July 1 1936

19. UNDERTAKER (ADDRESS) King Funeral Home Aurora Mo.

20. FILED July 1 1936 R.H. Cowan MD Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1st 1936 to June 30 1936

I last saw him alive on June 30 1936 Death is said to have occurred on the date stated above, at 12.50P.M.

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

Pulmonary Tuberculosis
general Wasting of
Vital forces.

Date of onset

Other contributory causes of importance:

Chest injury 3
months ago

Name of operation none Date of

What test confirmed diagnosis? Physical 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) W.G. Ottran, M. D.

(Address) Aurora Mo.

Exact statement of OCCUPATION is very important.

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CERTIFICATE OF DEATH

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1. PLACE OF DEATH

County: Laurence — Registration District No.: 467 — File No.:

Township: — Primary Registration District No.: 4280 — Registered No.: 52

City: Aurora (No. , St. Ward)

2. FULL NAME Lawrence Wesley Ellingsworth

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

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Male	White	Single

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

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

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32	11	13	

OCCUPATION

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)

FATHER

13. NAME

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

MOTHER

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 Sept. 11, 1936 R. D. Cowan M.D. Registrar.

SUPPLEMENTARY

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19.
I last saw him alive on , 19. Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset

Other contributory causes of importance: Chest injury 3 months ago

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? Accident. Date of injury June 30, 1936
Where did injury occur? Nevada, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
On Highway 71
Manner of injury Car Wreck - Passenger
Nature of injury Fractured ribs

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. E. Gallrew M. D.
(Address) Aurora Mo

S-23401