

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.

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

5:15 P.M.
Do not use this space.
30441-2

JAN 9 1936

1. PLACE OF DEATH

County Douglas Registration District No. 1025
 Township Lincoln Primary Registration District No. 5381
 City St. Marys Mo. Ry. No. _____ St. _____ Ward _____

2. FULL NAME

James K. Ellison
 (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 55 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 Maud Ellison

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 31, 1853

7. AGE YEARS 83 MONTHS 4 DAYS 22 If LESS than 1 day, _____ hrs. or _____ min.

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.

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) Douglas Mo.

13. NAME Jim Ellison

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

15. MAIDEN NAME Lebo

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

17. INFORMANT J. O. W. Ellison (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys DATE Aug 24, 1936

19. UNDERTAKER St. Marys Burial (ADDRESS) _____

20. FILED Jan 8, 1937 J. O. W. Ellison Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 19, 1936, to Aug 23, 1936

I last saw him alive on Aug 22, 1936. Death is said to have occurred on the date stated above, at 5 P m.

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

acute colitis Aug 11-30 Date of onset

Other contributory causes of importance: Heat Prostratus Aug 11-36

Name of operation _____ Date of _____

What test confirmed diagnosis? clinical 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) R. M. Norman, M. D.

(Address) Ana Mo

