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.

SEP 21 1936

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

Do not use this space.

30645

1. PLACE OF DEATH
County Greene — Registration District No. 944 — File No.
Township Taylor — Primary Registration District No. 5438 — Registered No. 14
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Hugh Ann 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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 4, 1854
7. AGE YEARS 82 MONTHS DAYS 17 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Greene Co. Missouri

FATHER
13. NAME Walter A. Gault
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER
15. MAIDEN NAME Nettie Bodenhammer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee.

17. INFORMANT (ADDRESS) David Sherman Springfield Mo.
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Turner Cem. DATE Aug. 23, 1936
19. UNDERTAKER (ADDRESS) Kelley and Ferrell Rogersville Mo.
20. FILED 9-5, 1936 Clyde R. Anderson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 21, 1936
22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...
I last saw her alive on Feb 1 [illegible], 19[illegible] Death is said to have occurred on the date stated above, at 8:00 p.m.
The principal cause of death and related causes of importance were as follows:

Old age worked and [illegible]

Date of onset

Other contributory causes of importance: 97

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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) [illegible], M. D.
(Address) Springfield