

OCT 1 1936

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

Do not use this space.

33457

1. PLACE OF DEATH

County

Vernon

Registration District No.

850

Township

Clearcreek

Primary Registration District No.

6129

City

(No. _____)

St.

Ward)

2. FULL NAME

William Barnett 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)

widower

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

Widower

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

Jan 21 - 1846

7. AGE

YEARS

90

MONTHS

6

DAYS

28

If LESS than 1 day,hra. ormin.

OCCUPATION

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

Retired 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)

Cooper Co. Mo

FATHER

13. NAME

James Madison Ellis

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

Cooper Co. Mo

MOTHER

15. MAIDEN NAME

Jane Dent

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

Pettis Co. Mo

17. INFORMANT (ADDRESS)

Fannie Ellis
Harwood Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Lexen

DATE

8/21

1936

19. UNDERTAKER (ADDRESS)

C. W. Waggoner
Harwood Mo

20. FILED

8-22 1936

C. A. Davis
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Aug. 19 - 1936

22. I HEREBY CERTIFY, That I attended deceased from

Nov - 1935, to Aug 19 - 1936

I last saw him alive on Nov 11 - 1935. Death is said

to have occurred on the date stated above, at 8 P. M.

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

myocardial Degeneration

Date of onset

Other contributory causes of importance:

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?..... 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)

J. W. Dawson

, M. D.

(Address)

El Dorado Springs

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.

