

MAN 26 1937

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

Do not use this space.

46001

1. PLACE OF DEATH

County St. Francois
Township Liberty
City _____ (No. _____)

Registration District No. 1113
Primary Registration District No. 6021

File No. _____
Registered No. 13 St. _____ Ward _____

2. FULL NAME Mary Christine Ellis

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W. 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) Nov-16-1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
4 1 11

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) Madison Co. (STATE OR COUNTRY) Mo.

FATHER 13. NAME Herbert Ellis

14. BIRTHPLACE (CITY OR TOWN) St. Francois Co (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Marie M. Suffer

16. BIRTHPLACE (CITY OR TOWN) Leont Co. (STATE OR COUNTRY) Mo.

17. INFORMANT Mrs. Marie Ellis (ADDRESS) Wanauk Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wanauk DATE 12/29 1937

19. UNDERTAKER Ed. Webb (ADDRESS) Fredericktown Mo.

20. FILED 12/29 1937 G. A. Rydce Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 27 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 23 1936 to Dec 27 1936. I last saw her alive on Dec 27 1936. Death is said to have occurred on the date stated above, at 3:40 a.m.

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

Pneumonia Bronchial
Primary

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 12/27, 1936. 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) M. B. Barker M. D. (Address) Fredericktown Mo.

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