

FEB 15 1937

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

Do not use this space.

284

## 1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph, (No. Missouri Methodist Hospital

File No. 83  
Registered No. 83  
St. Ward

## 2. FULL NAME William Payne Ellis

(a) Residence, No. 1412 $\frac{1}{2}$  North 4th. St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 60 yrs. 2 mos. 19 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
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5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF Bertha M. Ellis  
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 3, 1876

7. AGE YEARS 60	MONTHS 2	DAY 19	If LESS than 1 day, ..... hrs. or ..... min.
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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Resturant Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own business

10. Date deceased last worked at this occupation (month and year) Jan. 1937

11. Total time (years) spent in this occupation 25 Yrs.

12. BIRTHPLACE (CITY OR TOWN) St. Joseph  
(STATE OR COUNTRY) Missouri

13. NAME Hardin Ellis

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

15. MAIDEN NAME Marilla Gallion

16. BIRTHPLACE (CITY OR TOWN) Unknown  
(STATE OR COUNTRY) Unknown17. INFORMANT Mrs. Bertha M. Ellis Mo.  
(ADDRESS) 1412 $\frac{1}{2}$  North 4th. Str. St. Joseph,18. BURIAL, CREMATION, OR REMOVAL Mt. Mora Cemetery  
PLACE St. Joseph, Mo. DATE Jan. 25, 193719. UNDERTAKER H. O. Sidenfaden  
(ADDRESS) 1802 Union Str. St. Joseph, Mo.20. FILED Jan 15, 1937 H. G. Kuttler  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 22, 1937

22. HEREBY CERTIFY, That I attended deceased from Dec. 17, 1934 to Jan. 22, 1937  
I last saw him alive on Jan. 22, 1937 Death is said to have occurred on the date stated above, at 12:45 P.M.

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

Diabetes Mellitus  
Alcoholism - chr.

Date of onset

1934

Other contributory causes of importance:

Pneumonia - bronchial 1/14/37  
myocarditis - chr. 1933Name of operation none Date of none  
What test confirmed diagnosis? Clinical Was there an autopsy? no23. 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 54  
Nature of injury24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify(Signed) J. D. Rooney M. D.  
(Address) 1718 N. 3rd St.

WHITE PRINT WITH OBTAINING INK--THIS IS A PERMANENT RECORD

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.

