APR 20 1937

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

Do not use this space.

File No. 12004

Registered No.

1. PLACE OF DEATH

County: Grundy — Registration District No. 328

Township: Trenton — Primary Registration District No. 3017

City: " (No. , St. Ward)

2. FULL NAME Floyd Eugene Ellis

(a) Residence, No. 2302 Elm St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	white	single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 15, 1930

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
6	6	13	

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) Trenton, Mo.
(STATE OR COUNTRY)

FATHER

13. NAME Guy Ellis

14. BIRTHPLACE (CITY OR TOWN) Trenton, Mo.
(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Nelavene Plattenberger

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

17. INFORMANT Mr & Mrs Guy Ellis
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Maple Grove Cemetery DATE Mar 29, 1937

19. UNDERTAKER Hensley Funeral Home
(ADDRESS) Trenton, Mo

20. FILED 3-29, 1937 Irene D Fair
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 28, 1937

22. I HEREBY CERTIFY That I attended deceased from March 28, 1937, to March 28, 1937

I last saw him alive on March 28, 1937. Death is said to have occurred on the date stated above, at 1:00 p.m.

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

Gastro Enteritis — Date of onset 3-25-37

Other contributory causes of importance None known

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? No

If so, specify

(Signed) J. F. Fair, M. D.

(Address) Trenton, Mo.

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.

WRITE PLAINLY WITH BLACK INK—THIS IS A PERMANENT RECORD