

APR 23 1937

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

Do not use this space.

12882

## 1. PLACE OF DEATH

County PemissotRegistration District No. 6.57

Township

Primary Registration District No. 9City Coster

(No. \_\_\_\_\_)

St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Charlie Lee Ellis

(a) Residence, No. \_\_\_\_\_

(Usual place of abode)

St. \_\_\_\_\_

Ward \_\_\_\_\_

Length of residence in city or town where death occurred 4 yrs. 1 mos. 20 ds.(If nonresident, give city or town and State)  
How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3. SEX Male4. COLOR OR RACE W5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF not married6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 30, 19337. AGE YEARS 4 MONTHS 6 DAYS 23 If LESS than 1 day, hrs. or min.

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.

Bay

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Coster Mo (STATE OR COUNTRY)13. NAME Charlie Ellis14. BIRTHPLACE (CITY OR TOWN) Tipton Co (STATE OR COUNTRY)15. MAIDEN NAME Iler Arnold16. BIRTHPLACE (CITY OR TOWN) Halls Bay (STATE OR COUNTRY)17. INFORMANT Chas Ellis (ADDRESS) Coster Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Steele Mo DATE March 24, 193719. UNDERTAKER Friends (ADDRESS) Coster Mo20. FILED May 21, 1937 ada Martin Registrar21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 25, 193722. I HEREBY CERTIFY, That I attended deceased from March 22, 1937, to March 25, 1937I last saw him alive on March 27, 1937 Death is saidto have occurred on the date stated above, at 12:45 a.m.

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

No Pertussis  
Ac. Nephritis  
Stomatitis

Date of onset

Other contributory causes of importance: A

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 \_\_\_\_\_

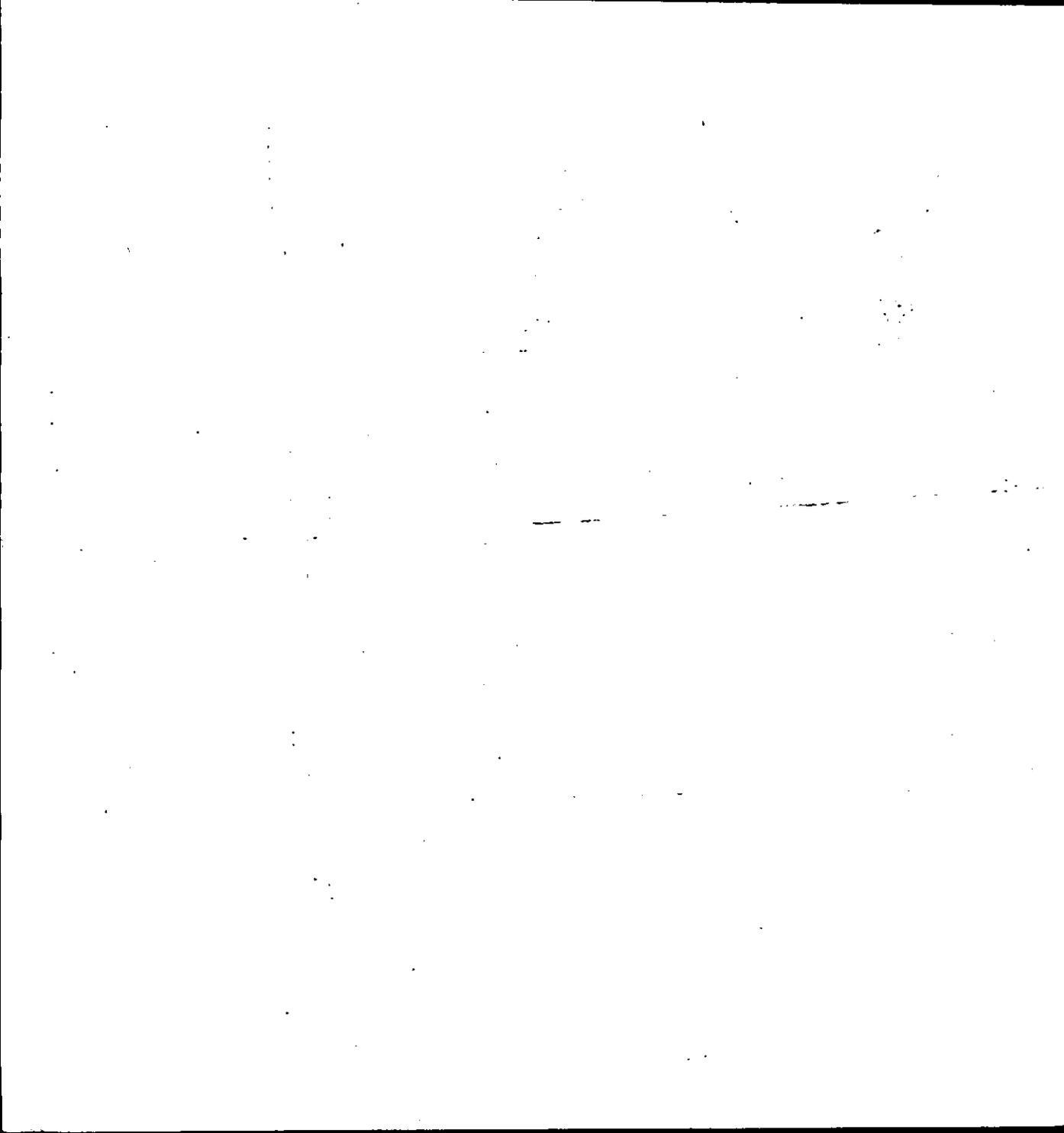
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) J. P. Chapman, M. D.(Address) Steele Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.





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