

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

Do not use this space.

MAY 19 1937

1. PLACE OF DEATH
 36 County Dallas Registration District No. 247
 Township Conway R.R. Primary Registration District No. 534
 City Conway R.R. (No. _____) St. _____ Ward _____

2. FULL NAME Charles C. Ellis
 (a) Residence, No. Springfield MO Ward. Conway R.R.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 16183

Registered No. _____
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ida Mae T. Lock

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 8 - 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 3 —

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. laborer

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 8 1937

22. I HEREBY CERTIFY, That I attended deceased from April 1 - 1937 to April 8 1937
 I last saw him alive on April 7 1937. Death is said to have occurred on the date stated above, at 5:30 p.m.
 The principal cause of death and related causes of importance were as follows:
myocardial infarction
108
 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) W. F. Gehring, M. D.
 (Address) Springfield MO

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stone Co. Mo.

FATHER 13. NAME Asah Ellis

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

MOTHER 15. MAIDEN NAME Retta Stout

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

17. INFORMANT Graney Smith
 (ADDRESS) Springfield MO

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Turner Mo DATE April 10, 1937

19. UNDERTAKER Herman Labmeyer
 (ADDRESS) Springfield Mo

20. FILED 5-16 1937 L. H. Talbot
 Registrar.

SEP 8 1954

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

Do not use this space.

1. PLACE OF DEATH

County Dallas Registration District No. 247 File No. _____
 Township Washington Primary Registration District No. 5392 Registered No. 11
 City Conway, R. R. (No. _____) St. _____ Ward _____

2. FULL NAME Charles C. Ellis

(a) Residence, No. Springfield St. _____ Ward Conway R. R.
 (Usual place of abode) (If nonresident, give city of 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 <u>m</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>m</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ida May Block</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)				
7. AGE	YEARS <u>58</u>	MONTHS <u>3</u>	DAYS <u>7</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>			
	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) <u>Stover, Mo.</u>				
FATHER	13. NAME <u>Arch Ellis</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>			
MOTHER	15. MAIDEN NAME <u>Retta Stout</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>			
17. INFORMANT (ADDRESS) <u>Grover Smith Springfield Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Turner</u> DATE <u>Apr 10 1937</u>				
19. UNDERTAKER (ADDRESS) <u>Heaman Lehman Springfield Mo</u>				
20. FILED <u>5-16 1937</u> <u>J. J. Talbot</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 8 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr 1, 1937, to Apr 8, 1937
 I last saw him alive on April 7, 1937. Death is said to have occurred on the date stated above, at 2 P. M.
 The principal cause of death and related causes of importance were as follows:
right lobar pneumonia fever
 Date of onset _____

Other contributory causes of importance:
108

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) W. J. Schlicht, M. D.
 (Address) Manque Mo

5-16183