

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

Do not use this space.

MAY 27 1937

1. PLACE OF DEATH

571. County **Lewis**
Township **Dickerson**
City (No. _____) _____

Registration District No. **477**
Primary Registration District No. **5646**

File No. **16834**
Registered No. **86**
St. _____ Ward _____

2. FULL NAME

Nellie Mary Ellis

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **John P. Ellis**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 1st 1872**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 7 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housewife**
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) **Hannibal, Mo.**

13. NAME **Charles Clark**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Virginia**

15. MAIDEN NAME **Nellie Penn**

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

17. INFORMANT **John P. Ellis** (ADDRESS) **Canton, Mo. La Grange**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Ten Mile** DATE **April 24, 1937**

19. UNDERTAKER **A. A. Roberts** (ADDRESS) **La Grange, Mo.**

20. FILED **Apr 24, 37** **H. W. Harris** Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from **February 17, 1937** to **April 22, 1937**
I last saw her alive on **April 22, 1937** Death is said to have occurred on the date stated above, at **10:35 a.m.**
The principal cause of death and related causes of importance were as follows:

Paralysis agitans
Dysentery (etiology undetermined)
Other contributory causes of importance: **13C**
Pulmonary Edema
Name of operation **none** 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) **Roland J. Mueller**, M. D.
(Address) **Canton, 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.

