

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

Do not use this space.

1. PLACE OF DEATH May 17 1937 85
 County Buchanan Registration District No. 1051 File No. 19553
 Township _____ Primary Registration District No. 1051 Registered No. 645
 City St. Joseph (No. St. Joseph's Hospital) St. _____ Ward _____

2. FULL NAME Adrienne Cornelia Ellis
 (a) Residence, No. 1320 North 10th St. St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 Benjamin F. Ellis.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16, 1871.

7. AGE	YEARS	MONTHS	DAY	If LESS than 1 day, _____ hrs. or _____ min.
<u>65</u>	<u>11</u>	<u>14</u>		

OCCUPATION

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) 1937 11. Total time (years) spent in this occupation 40

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

FATHER

13. NAME Francis A Beauvais.

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

MOTHER

15. MAIDEN NAME Sylvania Robidoux.

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

17. INFORMANT Benjamin F. Ellis. (ADDRESS) 1320 North 10th St.

18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Cemetery PLACE St. Joseph Mo. DATE June 2, 1937

19. UNDERTAKER H.O. Sidenfaden & Son. (ADDRESS) 1802 Union St. St. Joseph Mo

20. FILED 6/1 1937 H. O. Sidenfaden Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30, 1937

22. HEREBY CERTIFY, That I attended deceased from May 12, 1937 to May 27, 1937. I last saw alive on May 30, 1937. Death is said to have occurred on the date stated above, at 8:42 p.m. The principal cause of death and related causes of importance were as follows:

Heart Disease, Hypertension with fibrillation

Other contributory causes of importance: _____

Name of operation _____ Date of _____

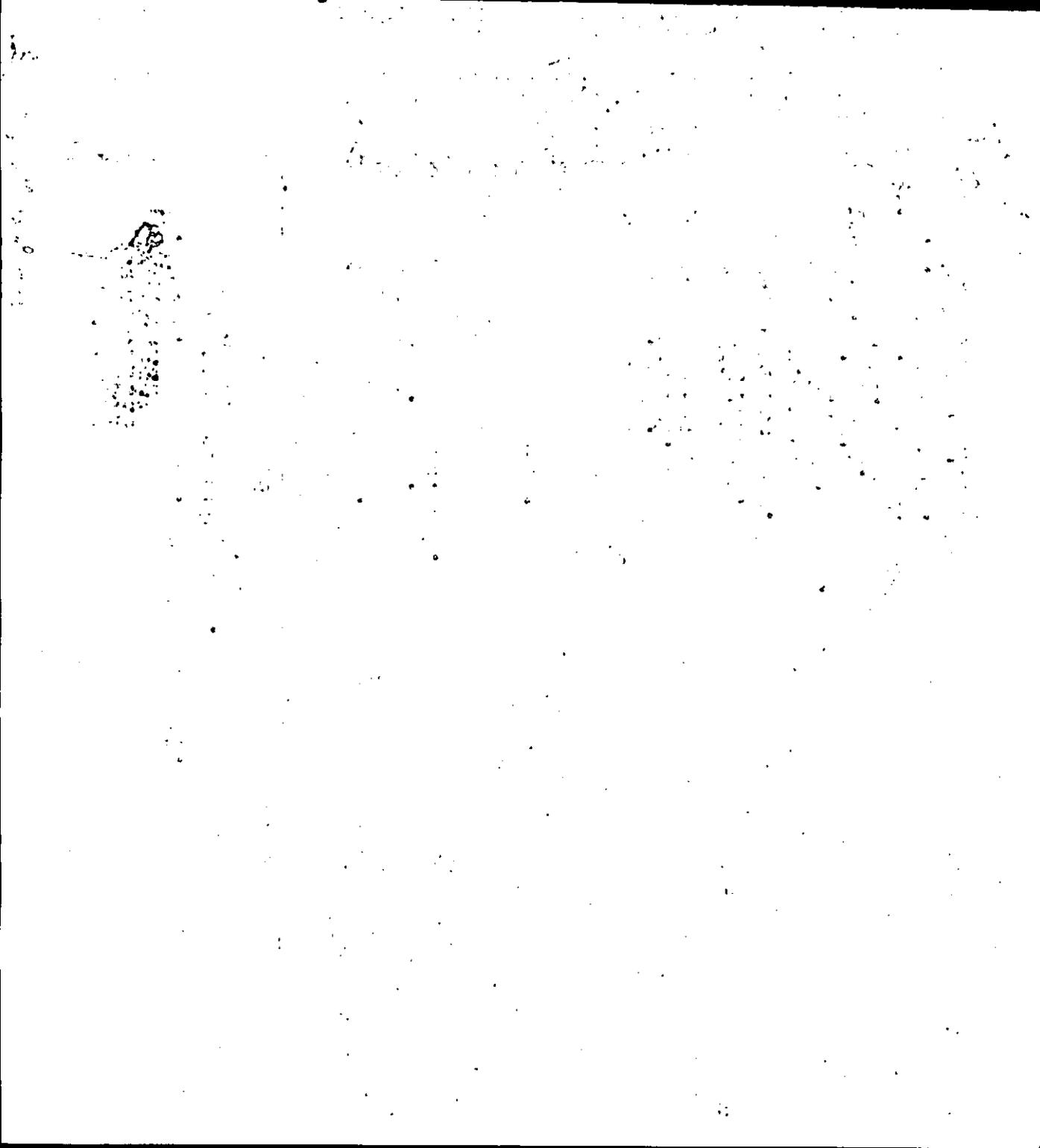
What test confirmed diagnosis? _____ Was there an autopsy? no

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) John J. Byrne, M. D.
 (Address) St. Joseph

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.



The Division of Health of Missouri
BUREAU OF VITAL STATISTICS

State of Missouri
County of Buchanan ss.

State File No. _____
Local Registrar's No. 645

AFFIDAVIT FOR CORRECTION OF A RECORD

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

On this 27 day of December, 1956, before me appears _____

Arthur L. Ellis, who, upon his oath, states that the original record of ^{birth} death
for Adrienne Cornelia Ellis, died May 30, 1937 in the State of
Missouri, and which was filed at St. Joseph on June 1, 1937, should be corrected as follows:

Item No. _____ should read _____

Instead of _____

Item No. 13 should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Arthur L. Ellis Son
Relationship. _____
4910 Brookside Blvd
Present Address. KC - Mo.

Subscribed and sworn to before me this _____ day of _____, 195_____

My Commission expires Aug 23, 1960 Virginia S. Boatwright Notary Public.

S-19553