

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

Do not use this space.

JUL 8 - 1937

791
1003

22385
6137

1. PLACE OF DEATH

County..... Registration District No.....
 Township..... Primary Registration District No.....
 City St. Louis Mo (No. Barnes Hospital) St. _____ Ward _____

2. FULL NAME Albert Ellwood

(a) Residence, No. Conway, Kansas St. HP Ward _____
 (Usual place of abode) (If nonresident, give city or 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-24-1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ----- Date not known.

22. I HEREBY CERTIFY. That I attended deceased from 5-28-1937 to 6-24-1937

I last saw him alive on 6-24-1937. Death is said to have occurred on the date stated above, at 655A.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 1880-11

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 42 3

Brain Tumour - Malignant Date of onset

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

Other contributory causes of importance:

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) Kansas

13. NAME Ephram Ellwood

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

15. MAIDEN NAME Bassaby Turner

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

17. INFORMANT Ephram Ellwood,
 (ADDRESS) Windom, Kansas.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Little River, Kan. DATE June 25, 1937

19. UNDERTAKER Craig Und. & Coral directors
 (ADDRESS) 4488 Washington

20. FILED JUN 24 1937 J. J. Bredeck
 Registrar.

Name of operation Cerebral craniotomy Date of June 24, 1937
 What test confirmed diagnosis? _____ Was there an autopsy? yes

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) F. H. Bradley, M. D.
 (Address) B. L. LIVES

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.

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