

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.

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

Do not use this space.

SEP 15 1937

1. PLACE OF DEATH  
County Buchanan Registration District No. 85  
Township 19 Primary Registration District No. 1001  
City St. Joseph Mo (No. 2018 Francis)  
File No. 30194  
Registered No. 921  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Mollie Ellis  
(a) Residence, No. 1306 So 9 th St., \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Thomas Ellis</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 5 1863</u>		
7. AGE YEARS <u>74</u>	MONTHS <u>4</u>	DAYS <u>18</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>		If LESS than 1 day, _____ hrs. or _____ min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		11. Total time (years) spent in this occupation
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ripley Co Mo</u>		
13. NAME <u>John W Murrell</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT <u>Tom McAfee</u> (ADDRESS) <u>Brookfield Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Quincy Ills</u> DATE <u>July 25 37</u>		
19. UNDERTAKER <u>Barry Taylor</u> (ADDRESS) <u>1840</u>		
20. FILED <u>Aug 24 1937</u> <u>N. J. Hittelman</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 23 37

22. I HEREBY CERTIFY, That I attended deceased from Aug. 15 37 to Aug. 16 37  
I last saw him alive on Aug. 18 37 Death is said to have occurred on the date stated above, at 6:00  
The principal cause of death and related causes of importance were as follows:  
Arterio-sclerosis Date of onset \_\_\_\_\_

Other contributory causes of importance: None

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis Chinical 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) Walter J. Harned, M. D.  
(Address) 2503 Jewel St.

