

DEC 20 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Burking
City Raytown (No., St. Ward)

Registration District No. 403
Primary Registration District No. 5557

File No. 41517
Registered No.

2. FULL NAME

Jay Dena Ellis
(a) Residence, No. Raytown, Mo. St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 20 yrs. 2 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Mrs. Velma Ellis</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 25, 1869</u>		
7. AGE YEARS <u>68</u>	MONTHS <u>2</u>	DAYS <u>0</u>
IF LESS than 1 day, hrs. min.		

OCCUPATION	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.	<u>clerical - BANK</u>
	10. Date deceased last worked at this occupation (month and year) <u>November 6, 1937</u>	11. Total time (years) spent in this occupation <u>20 yrs.</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dayton, Ohio13. NAME J. F. Ellis14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio15. MAIDEN NAME Mary E. Rucker16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia17. INFORMANT Mrs. Velma Ellis
(ADDRESS) Raytown18. BURIAL, CREMATION, OR REMOVAL
PLACE Burking Cemetery DATE Nov. 28, 193719. UNDERTAKER E. Clark Beant
(ADDRESS) Raytown, Mo.20. FILED 11-26 1937 W. M. C. Bank Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-25, 193722. I HEREBY CERTIFY, That I attended deceased from 11-7, 1937, to 11-25, 1937I last saw him alive on 11-25, 1937 Death is saidto have occurred on the date stated above, at 8:29 m.

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

Coronary occlusionDate of onset
11-7-37Other contributory causes of importance:
NoneName of operation None Date ofWhat test confirmed diagnosis? Clinical Was there an autopsy? No.23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?

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) W. M. C. Bank, M. D.(Address) Raytown, Mo.

WRITE PLAINLY, WITH LEADING INK--THIS IS A PERMANENT RECORD

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.

