

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

Do not use this space.

4

**1. PLACE OF DEATH**

County Boone Registration District No. 71  
Township Center Primary Registration District No. 5110 R  
City No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 1981  
Registered No. 2

**2. FULL NAME** Verbee Lucile Ellis 420

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

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jerry Ellis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-30-1895

7. AGE YEARS 42 MONTHS 2 DAYS 29 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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) Dec. 29, 1937 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Stultton (STATE OR COUNTRY) Missouri

13. NAME Richard Parker

14. BIRTHPLACE (CITY OR TOWN) Stultton (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Jane Douglas

16. BIRTHPLACE (CITY OR TOWN) Steter (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Jerry Ellis  
Rt. 1 Columbia Missouri

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Logan Road DATE 12-31-1937

19. UNDERTAKER (ADDRESS) St. P. Parker  
Columbia Missouri

20. FILED 2/9/38 Frances Nichols Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1937, to Dec 29, 1937  
I last saw h. alive on Dec 29, 1937 Death is said to have occurred on the date stated above, at 8:15 a.m.  
The principal cause of death and related causes of importance were as follows:  
Consumption TB  
Other contributory causes of importance: \_\_\_\_\_

**RECEIVED**  
FEB 21 1938

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
Where performed \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) D. A. Moore M. D.  
Columbia Mo  
(Address) \_\_\_\_\_

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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