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.

93 REC'D MAR 24 1938

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

Do not use this space.

1. PLACE OF DEATH
County St Clair
Township Appleton
City Appleton City (No. ..... St. ..... Ward)

Registration District No. 761
Primary Registration District No. 4456

File No. 8027
Registered No. 5

2. FULL NAME Andrew Jackson Ellett 430

(a) Residence, No. ..... St., ... 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

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bessie Lane

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 5 1863

7. AGE YEARS 75 MONTHS 1 DAYS 16 If LESS than 1 day, ... hrs. or ..... min.

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

FATHER
13. NAME Alexander Ellett
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N Carlin

MOTHER
15. MAIDEN NAME Howell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missippi

17. INFORMANT (ADDRESS) Dr W H Ellett Appleton City Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Chillicothe Mo DATE Feb 24 1938

19. UNDERTAKER (ADDRESS) Frank Lee Appleton City Mo

20. FILED Feb 22 1938 Cleo Abney Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2 — 21 — , 1938

22. I HEREBY CERTIFY, That I attended deceased from 2 — 11 — , 1938, to 2 — 21 — , 1938
I last saw him alive on 2 — 21 — , 1938. Death is said to have occurred on the date stated above, at 5:00 p.m.
The principal cause of death and related causes of importance were as follows:

Coronary embolism

Date of onset

Other contributory causes of importance: 94 B

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) W H Ellett, M. D.
836 (Address) Appleton City, Mo