

REC'D SEP 23 1938

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

29185
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 408
(b) Township Barthage Primary Registration District No. 3020 Registered No. _____
(c) City Barthage (d) Street No. McAune-Brooks Hospital St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 1 yrs. 0 mos. 0 ds. (f) How long in U. S., if of foreign birth? 21 yrs. 0 mos. 0 ds.

2. PRINT FULL NAME Jesse H. Ellis

(a) Residence, No. 603 Orner St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 12, 1874

7. AGE YEARS 63 MONTHS 8 DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as saw mill, bank, etc. Commerce
10. Date deceased last worked at this occupation (month and year) 2 mos. ago spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hinchester, Illinois

FATHER 13. NAME Samuel Ellis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Kentucky

MOTHER 15. MAIDEN NAME Bertha Mason

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Illinois

17. INFORMANT J. Bernard Ellis (ADDRESS) Barthage, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Red Cemetery DATE Aug. 29, 1938

19. FUNERAL DIRECTOR Wm. Mortuary (ADDRESS) Barthage, Missouri

20. FILED Aug 29, 1938 E. J. McIntire, M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1938, to Aug 27, 1938
last saw him alive on Aug 26, 1938 Death is said to have occurred on the date stated above, at 3 P. m.
The principal cause of death and related causes of importance were as follows:

Chronic Interstitial nephritis
arterio-sclerosis
Hypertension
Other contributory causes of importance: Uraemia 131

Name of operation _____ Date of _____
What test confirmed diagnosis? Urinal 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. B. Clinton, M. D.
(Address) Barthage, Mo

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.

RECEIVED

District Health Officer No. 6,

District File Number 6-38-10

Date Filed 9/19/38

STATEMENT BY LICENSED EMBALMER

I, P. W. Knull, Licensed Embalmer No. 814

hereby certify that the body recorded on the reverse side of this certificate was embalmed by my self

L. E. _____

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed P. W. Knull

Licensed Embalmer No. 814

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)