

DEC 19 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

39115
Do not use this space.

1. PLACE OF DEATH

(a) County Gasconade Registration District No. 303
 (b) Township 1 Primary Registration District No. 4182
 (c) City Hermann, (d) Street No. 210 market 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Olivia Decie Ellis
 (a) Residence, No. 210 market St. ☐
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 William J. Ellis
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 10, 1879
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 0 19
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Hwr
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 10/1/38 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) Red Bird
 (STATE OR COUNTRY) Missouri

13. NAME John Hamilton
 14. BIRTHPLACE (CITY OR TOWN) Missouri
 (STATE OR COUNTRY)

15. MAIDEN NAME Anna E. Ritzgerald
 16. BIRTHPLACE (CITY OR TOWN) Missouri
 (STATE OR COUNTRY)

17. INFORMANT Wm. J. Ellis
 (ADDRESS) Hermann, Missouri

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Hermann City Cem DATE 12-2-38

19. FUNERAL DIRECTOR HUGO H. BLUMER
 (ADDRESS) HERMANN, MO

20. FILED 12-2 1938 Anna R. Ritzgerald
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-29- 1938

22. I HEREBY CERTIFY, That I attended deceased from 11-16, 1938, to 11-27, 1938

I last saw her alive on 11-27, 1938. Death is said to have occurred on the date stated above, at 3:30 p.m.

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

Coronary Occlusion Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

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) Howard H. Thorman M. D.
W. H. Thorman (Address) _____

STATEMENT BY LICENSED EMBALMER

I, Hugo H. Blumer, Licensed Embalmer No. 3160
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Hugo H. Blumer
L. E.
No. 3160 or by _____
working under my personal supervision.

Signed Hugo H. Blumer, Registered Apprentice No. _____
Licensed Embalmer No. 3160

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.)