JUL 19 1939

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

Do not use this space.

File No. 23502
Registered No. 16

1. PLACE OF DEATH
County: Warren
Township: Hickory Grove
City: Foristell
Registration District No. 882
Primary Registration District No. 6174
(No. ..... St. ..... Ward)

2. FULL NAME: John H Ellis

(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 78 yrs. 9 mos. 10 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: Fannie F Ellis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 18 1860

7. AGE: Years 78 | Months 9 | Days 10 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Painter
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): Foristell Mo

FATHER
13. NAME: Henry Ellis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't know Mo

MOTHER
15. MAIDEN NAME: Don't know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't know

17. INFORMANT (ADDRESS): Fannie F Ellis, Foristell, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Wright City DATE: June 29, 1939

19. UNDERTAKER (ADDRESS): T. R. Strauss, Wentzville, Mo.

20. FILED: 6/29 1939 Julius Fiebig Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 14, 1939, to June 28, 1939
I last saw him alive on June 25, 1939. Death is said to have occurred on the date stated above, at 2:15 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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? No
If so, specify .....
(Signed) Ruth Miller, M. D.
(Address) Foristell 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

100M-3-38-35