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

Do not use this space.

35815

1. PLACE OF DEATH

County Clay — Registration District No. 148

Township ~~Fishing River~~ — Primary Registration District No. 3011

City Excelsior Springs (No. ~~XXXXXXXXXXXXXXXXXX~~ Veterans Administration Facility St. 3d Ward)

File No. ..... Registered No. 132

2. FULL NAME SMITH, Ellis

(a) Residence, No. Route #3 St., ... Ward. Butler, Missouri
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ Lavilla Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 23, 1891

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
47	9	28	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. for self

10. Date deceased last worked at this occupation (month and year) unknown

11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montrose, Mo. 0

FATHER

13. NAME Albert Smith 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montrose, Mo.

MOTHER

15. MAIDEN NAME Christine Niggley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montrose, Mo.

17. INFORMANT (ADDRESS) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL PLACE Butler, Mo. DATE 10-21-39, 19

19. UNDERTAKER (ADDRESS) Claude Prichard Excelsior Springs, Missouri

20. FILED Oct 21, 1939 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 21, 1939, 19

22. I HEREBY CERTIFY, That I attended deceased from Sept. 23, 1939, 19, to Oct. 21, 1939, 19

I last saw him alive on Oct. 21, 1939, 19. Death is said to have occurred on the date stated above, at 7:00 m. a. m.

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

	Date of onset
Carcinoma of the pancreas	
46	

Other contributory causes of importance:

Name of operation none 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? --

If so, specify --

(Signed) [signature] JOHN E. KELLY, M.D., Manager, M. D.

(Address) Veterans Administration Facility Excelsior Springs, Missouri

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. 8,

District File Number _____

Date Filed 11/2/39