FILED FEB 7 1940

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

2035
Do not use this space.

1. PLACE OF DEATH
(a) County Chariton — Registration District No. 175
(b) Township — Primary Registration District No. 4104 — Registered No. 4
(c) City Salisbury (d) Street No. ____ 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 Harry Walter Ellis
(a) Residence, No. ____ 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: 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~~ Alma Ellis
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 14 - 1868
7. AGE: Years 71 | Months 10 | Days 19 | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farming
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) April 1939
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arcola Illinois

FATHER
13. NAME William Ellis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

MOTHER
15. MAIDEN NAME Julia Murphy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

17. INFORMANT (ADDRESS) Mrs. Alma Ellis Salisbury, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Fuscala, Ill. DATE 2-5 1940
19. FUNERAL DIRECTOR (NAME) Geo. B. Winkelmeyer (ADDRESS) Salisbury Mo.
20. FILED 2/3 1940 [signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 3 1940
22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1939 to Feb 3 1940
I last saw him alive on Jan 14 1940. Death is said to have occurred on the date stated above, at 11 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes	?
Generalized arteriosclerosis	?
Diabetic gangrene of left leg	Dec. 1939

Other contributory causes of importance: None

Name of operation None Date of —
What test confirmed diagnosis? Urinalysis 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) L. L. Stamm, M. D.
(Address) Salisbury Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

1 X14028

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 9/21/40

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Chas. B. Winkelmeyer, or by _____,

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

Signed Chas. B. Winkelmeyer

Licensed Embalmer No. 3842

P. O. Address Salisbury, Mo.

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.)

If this body is not embalmed, above space should be left blank.