

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH7645
Do not use this space.

1. PLACE OF DEATH

- (a) County Deming Registration District No. 652
 (b) Township Baradene Rural Primary Registration District No. 2871
 (c) City Bragg City R.T. 1 (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

- Thomas E. Ellis
 (a) Residence, No. 200 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 <u>Male</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jun 24 - 1940</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
			<u>5</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.			
	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)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bragg City R. 10</u>				
FATHER	13. NAME <u>J. N. Ellis</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Idaho</u>			
MOTHER	15. MAIDEN NAME <u>Ethel Bond</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Idaho</u>			
17. INFORMANT (ADDRESS) <u>J. N. Ellis</u> <u>Bragg City R.T. 1</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oak Ridge</u> DATE <u>1-29-1940</u>				
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>L. H. Bond</u> <u>Deming Mo</u>				
20. FILED <u>1-29-1940</u> <u>Paul Kelley</u> Local Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-28-1940

22. I HEREBY CERTIFY, That I attended deceased from 1-24, 1940, to 1-28, 1940. I last saw him alive on Jan. 28, 1940. Death is said to have occurred on the date stated above, at 6:30 m. The principal cause of death and related causes of importance were as follows:
Deterius neonatorum Date of onset _____

Other contributory causes of importance: 161A

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

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) Asst. Surgeon J. M. D.
Asst. Surg. Gen. (Address) _____

8-2-40

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, or by.....

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.