

1 1928

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

Do not use this space.

13022

1. PLACE OF DEATH  
County Assheton Registration District No. 14  
Township \_\_\_\_\_ Primary Registration District No. 4211  
City Windsor (No. \_\_\_\_\_) (St. \_\_\_\_\_ Ward \_\_\_\_\_)  
Registered No. 14

2. FULL NAME Jas J. 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 yrs. mos. 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 \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 12 - 1844

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.  
83 | 5 | 3

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Retired Miner  
(b) General nature of industry, business, or establishment in which employed (or employer) Stationary Engineer  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Brown Co.  
(STATE OR COUNTRY) Ohio

10. NAME OF FATHER Morgan Ellis

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ohio  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Martha Harwick

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ohio  
(STATE OR COUNTRY)

14. INFORMANT Anna Ellis  
(Address) Windsor Mo

15. Apr 16, 1928 J. J. Jennings  
FILED REGISTERAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 15 1928

17. I HEREBY CERTIFY That I attended deceased from 1st 1928 to 15th 1928.  
that I last saw him alive on Apr. 13th, 1928, and that death occurred, on the date stated above, at 7:30 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Bronchopneumonia  
(duration) 1 yrs. 1 mos. 15 ds.

CONTRIBUTORY (SECONDARY) age (duration) 83 yrs. 5 mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH \_\_\_\_\_  
DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) M. E. Bradley M.D.  
Apr 16, 1928 (Address) Windsor Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Windsor Mo DATE OF BURIAL Apr 17 1928

20. UNDERTAKER W. E. Huxton Windsor Mo. ADDRESS \_\_\_\_\_

N. R.—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.

