

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.

MAY 22 1933

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

Do not use this space.

39216^a

1. PLACE OF DEATH

County GreeneRegistration District No. 316Township BoonePrimary Registration District No. 4191City Ash Grove (No.)

File No.

Registered No. 10

St. Ward)

2. FULL NAME

Mollie Ellison

(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

Female

4. COLOR OR RACE

Colored

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED

—HUSBAND OF
(OR) WIFE OFTip Ellison

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

10/31/1855

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.67 — 1 — 15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

Housewife

9. BIRTHPLACE (CITY OR TOWN)

Farmersville

(STATE OR COUNTRY)

Texas

10. NAME OF FATHER

unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

unknown

12. MAIDEN NAME OF MOTHER

Betty Dick

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

RichmondVa

14.

INFORMANT

(Address)

Bennie RobertsonAsh Grove Mo

15.

FILED

5-7-33

D. Charles Orr

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

12/16 1932

17.

I HEREBY CERTIFY, That I attended deceased from

1929 to Dec 1932that I last saw him alive on Dec 12, 1932, and that
death occurred, on the date stated above, at 3:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diabetes MellitusCONTRIBUTORY
(SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH?

DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Charles H. McHaffie, M.D.12-10-1932 (Address) Ash Grove 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

DATE OF BURIAL

Berry Cemetery12/17 1932

20. UNDERTAKER

ADDRESS

Dr. Satterfield - Ash Grove Mo.

