

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

Do not use this space.

2348

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.

FEB 23 1928

1. PLACE OF DEATH

County St. Louis Registration District No. 784 File No.
 Township St. Ferdinand Primary Registration District No. 6030 Registered No.
 City St. Ferdinand (No.) St. Ward)

2. FULL NAME

Infant baby Ellis
 (a) Residence. No. 5 Kinloch mo 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)

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF baby

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 15 - 1928

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

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

9. BIRTHPLACE (CITY OR TOWN) Kinloch mo
 (STATE OR COUNTRY)

10. NAME OF FATHER John D. Ellis

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Hayle Hurst
 (STATE OR COUNTRY) Miss

12. MAIDEN NAME OF MOTHER Lula Simpson

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

14. INFORMANT John D. Ellis
 (Address) Kinloch mo

15. FILED 1-23, 1928 O. Schuch REGISTRAR

2) MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 22 1928

17. I HEREBY CERTIFY, That I attended deceased from 1/18 to 1/22, 1928, and that I last saw him alive on 1/22, 1928, at 2:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

premature birth
159 (duration) yrs. mos. ds.
150 / 16 / 0
 CONTRIBUTORY Immature (SECONDARY) (duration) yrs. mos. ds.

18. *WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH,

8 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. B. Miller, M. D.

1/21, 1928 (Address) S. Kinloch 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

Washington Park Jan 25 1928

20. UNDERTAKER Allement & Walters ADDRESS 2700 Wash.

of the ...

W. R. ...