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

Do not use this space.

5336

1. PLACE OF DEATH
County Atchison — Registration District No. 19 — File No.
Township Templeton — Primary Registration District No. 4556 — Registered No.
City Rock Port Mo (No. ..... St. ..... Ward)

2. FULL NAME Phelps Cilly Wilbur Ellis.
(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)
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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 20. 1918
7. AGE: Years 10 — Months 2 — Days 8 — If LESS than 1 day, ... hrs. or ..... min.
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) (STATE OR COUNTRY): Atchison Co

PARENTS
10. NAME OF FATHER: Harry Ellis.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): England.
12. MAIDEN NAME OF MOTHER: Hannah Jane Bray
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): England.

14. INFORMANT (Address): Harry Ellis Rock Port Mo
15. FILED 2-28 1929 Mary J Chamberlain D REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb 28 1929
17. I HEREBY CERTIFY, That I attended deceased from Aug. 2, 1927, to To Feb 28, 1929 that I last saw him alive on Feb 27, 1929, and that death occurred, on the date stated above, at 2 am m.
THE CAUSE OF DEATH* WAS AS FOLLOWS: Diabetes Mellitus
57 (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. ..... mos. ..... ds.
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) A. C. Chamberlain, M. D
2-14, 1929 (Address) Rock Port 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: Prairie Hill Cem. — DATE OF BURIAL: Mar 2 1929
20. UNDERTAKER: C. M. Sanders. — ADDRESS: Rock Port. Mo

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.

Jan 21 1929

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