96

Oct 24 1929

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

Do not use this space.

31841

1. PLACE OF DEATH

County: St. Louis — Registration District No.: 790 — File No.:

Township: Central — Primary Registration District No.: 4023 — Registered No.:

City: Maryland Hgts. Mo. — St. — Ward)

2. FULL NAME: Olivia Eugene Ellis

(a) Residence. No. (Usual place of abode): Maryland Hgts. Mo. — Ward. — (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: Colored

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): Jan. 7. 1929

7. AGE: Years — Months: 8 — Days: — If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Infant

(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): Maryland Heights, Mo

PARENTS

10. NAME OF FATHER: Elmer Ellis

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Maryland Heights

12. MAIDEN NAME OF MOTHER: Leana Mitchell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Creve Coeur, Mo

14. INFORMANT: Elmer Ellis (Address): Maryland Heights, Mo

15. FILED: Sep 9 1929 K. W. Sullivan, REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept. 7th 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug. 24th, 1929, to Sept. 7th, 1929, that I last saw h. 1m alive on Sept. 7, 1929, and that death occurred, on the date stated above, at 10:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho pneumonia

(duration) ... yrs. ... mos. 5 ds.

CONTRIBUTORY (SECONDARY): Whooping Cough

(duration) ... yrs. ... mos. 21 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) H. F. Coleman, M. D.

Oct 8, 1929 (Address) Pastoriel 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: Musick Cemetery — DATE OF BURIAL: Sep. 9th 1929

20. UNDERTAKER: Baumann Bros — ADDRESS: Overland, Mo.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.