DEC 24 1930

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

Do not use this space.
35289

1. PLACE OF DEATH Barry
County ~~McDonald~~ Registration District No. 29 File No.
Township McDonald Primary Registration District No. 5045B Registered No. 47
City (No. St. Ward)

2. FULL NAME Willis 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): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Infant
6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 12 - 1928
7. AGE: YEARS 1 MONTHS 6? DAYS 0 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(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): McDonald Co. Mo.

PARENTS
10. NAME OF FATHER: Elmer Ellis
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): McDonald Co. Mo.
12. MAIDEN NAME OF MOTHER: Lucy Hendrix
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mason Valley Ark.

14. INFORMANT: J. L. Henry
(Address) Washburn Mo.
15. FILED Dec 1930 Mrs H. R. Williams Dpt. REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov. 12th 1930
17. I HEREBY CERTIFY, That I attended deceased from Nov. 8th, 1930, to Nov. 12th, 1930 that I last saw him alive on Nov 11th, 1930, and that death occurred, on the date stated above, at 9:20 P. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hydrocephalis
159P
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY): Don't Know
(duration) yrs. mos. 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? Nothing
(Signed) D. L. Mitchell, M. D.
, 19 (Address) Cassville 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: Roller Cemetary
DATE OF BURIAL: Nov. 13th 1930
20. UNDERTAKER: J. L. Henry
ADDRESS: Washburn 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.