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

Do not use this space.

9535

1. PLACE OF DEATH

County: Pettis — Registration District No.: 668 — File No.:

Township: — Primary Registration District No.: 3032 — Registered No.: 35

City: Sedalia Mo (No. ..... St. ..... Ward)
Bothwell Memorial Hosp.

2. FULL NAME: Premature child of W. F. 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: 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): 3-1-1932

7. AGE: Years | Months | Days | If LESS than 1 day, 5 hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sedalia Missouri Bothwell Hospital

FATHER

13. NAME: W F Ellis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER

15. MAIDEN NAME: Mildred Steele

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Mrs Jordan Ellis Sycamore Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Sycamore DATE: March 1 1932

19. UNDERTAKER (ADDRESS): Jewel E. Richards Tipton Mo.

20. FILED: 3-1-1932 J. G. Wise
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3-1, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1932, to ....., 19....
I last saw h. alive on March 1, 1932. Death is said to have occurred on the date stated above, at 6 40 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
159 Premature child.	
from Cesarean	
for Septic Metritis	

Other contributory causes of importance:

159 (1)

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Charles D. Thomas, M. D.
(Address) Otterville 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.

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

APR 28 1932