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

Do not use this space.

JAN 2 3 1935

File No. 1770-a

Registered No. 16K

**1. PLACE OF DEATH**

County St Louis  Registration District No. 789

Township Central  Primary Registration District No. 6033-18

City Brentwood (No. ..... , ..... St. ..... Ward)

**2. FULL NAME** Daniel P. Ellis

(a) Residence, No. 1606 Annalee 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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) |
|---|---|---|
| Male | White | Widowed |

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF ~~(or) WIFE OF~~ Mary Catt Ellis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 7th 1860

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 73 | 9 | 22 | |

**OCCUPATION**

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

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) McLainsborough Illinois

**FATHER**

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

**MOTHER**

15. MAIDEN NAME Mary Catt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT Mrs Martha Finney
(ADDRESS) 1606 Annalee Brentwood Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Shawneetown Ill. DATE May 30, 1933

19. UNDERTAKER C. Roghan Undertaking Co.
(ADDRESS) 7148 Manchester Ave.

20. FILED 5/29 1933 [illegible] M.D.
Registrar.

## 3. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-29, 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-19, 1933, to 5-29, 1933

I last saw him alive on 5-28, 1933. Death is said to have occurred on the date stated above, at 12 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Uremia | 1 wk |
| | 1 wk |
| | 9 yr |
| Insufficient information | |

Other contributory causes of importance:

Pyelitis

Myocardial insufficiency

Name of operation None Date of

What test confirmed diagnosis? NPN 75 mgm. 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? .....

If so, specify .....

(Signed) R. F. Higgins, M. D.

(Address) St Louis County Hosp Clayton, 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.