

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

Do not use this space.

**1. PLACE OF DEATH**

County COLE JAN 20 1935 Registration District No. 213 File No. 42406  
 Township JEFFERSON CITY Primary Registration District No. 3014 Registered No. 361  
 City JEFFERSON CITY (No. ST. MARY'S HOSPITAL) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** JAMES MARVIN ELLIS

(a) Residence, No. 200 ROLLA ST. ROLLA, MO. 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 \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN. 18, 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
55 11 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. DEPUTY COUNTY CLERK  
 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) VIENNA, MO.

MOTHER 13. NAME T. J. ELLIS

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

15. MAIDEN NAME SUSAN HOOPS

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MARIES COUNTY? MO

17. INFORMANT DR. M. R. ALDRIDGE  
 (ADDRESS) JEFFERSON CITY, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE ROLLA, MO. DATE 12/23/34 19. \_\_\_\_\_

19. UNDERTAKER HEINRICH'S FUNERAL HOME  
 (ADDRESS) JEFFERSON CITY, MO.

20. FILED 12/21/1934 1022 Bradford St. Rolla, Mo. Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/21/34 1934

22. I HEREBY CERTIFY That I attended deceased from Dec 10 to Dec 24 1934

I last saw him alive on Dec 24 1934 Death is said to have occurred on the date stated above, 34 m.

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

2 wks  
Heart Appendicitis  
 Other contributory causes of importance:  
Peritonitis  
Appendicitis Date of onset Dec 10/34

Name of operation Appendectomy Date of \_\_\_\_\_  
 What test confirmed diagnosis? OK Was there an autopsy? 12/24/34

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 M. R. Aldridge, M. D.  
 (Signed) \_\_\_\_\_ (Address) \_\_\_\_\_

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important.

