

APR 23 1936

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

Do not use this space.

11011  
1687

## 1. PLACE OF DEATH

County Jackson Registration District No. \_\_\_\_\_  
Township Law Primary Registration District No. \_\_\_\_\_  
City Flour City (No. 2431) Denver St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Frank S. Ellis  
(a) Residence, No. 2431 Denver 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Caroline Ellis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 7, 1850

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
85 7 31

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pauling Selman (Retired)

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) Don't know13. NAME Don't know14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know15. MAIDEN NAME Don't know16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know17. INFORMANT Ayers Blecher (ADDRESS) 3710 Park Bldg. N.C. Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moura DATE 3-28-3619. UNDERTAKER B. V. Lindsey & Sons (ADDRESS) 384 Broadway N.C. Mo.20. FILED 2-28-36 M. M. Prange Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 28 193622. I HEREBY CERTIFY, That I attended deceased from Mar 16, 1936, to Mar 28, 1936I last saw him alive on Mar 28, 1936. Death is said to have occurred on the date stated above, at 5:08 A.M.

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

Date of onset

Subsiding 110  
Broncho-Pneumonia 3/16/36  
(Retired)

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? Chussal 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) Ed Burkhardt, M. D.(Address) 3346 Summit

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.

MUN. 5-28-35

Dr. E. A. Burkhardt  
3346 Summit  
Me. 1703.

3 to 5