

REC'D MAY 23 1938

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

Do not use this space.

15388

1. PLACE OF DEATH  
 County New Madrid Registration District No. 607  
 Township Portageville, Primary Registration District No. 5806  
 City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME Clarence P. Ellis 420  
 (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.

File No. \_\_\_\_\_  
 Registered No. 27

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 Hattie Ellis  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July, 9, 1880  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hra. or .....min.  
57 9 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Spinner  
 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 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Owensboro, Ky

FATHER 13. NAME Theo. Ellis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio County, Ky

MOTHER 15. MAIDEN NAME Altha D. Chapman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio County, Ky.

17. INFORMANT (ADDRESS) Ethel Ellis

18. BURIAL, CREMATION, OR REMOVAL PLACE Portageville DATE 4-12 1938

19. UNDERTAKER (ADDRESS) J. M. Paine  
Portageville, Mo.

20. FILED 5-9 1938 Mary W. Cook  
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April, 10, 38  
 22. I HEREBY CERTIFY, That I attended deceased from Saw him while dying only, 19\_\_\_\_  
 I last saw him alive on April, 10, 38, 19\_\_\_\_. Death is said to have occurred on the date stated above about 4 P. M.  
 The principal cause of death and related causes of importance were as follows:

Evidently Chloroform poisoning self-imposed

Other contributory causes of importance:

Mental derangement.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? suicide Date of injury 4-10, 1938  
 Where did injury occur? New Madrid Co. Mo.  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. home

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

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

(Signed) A. A. Recker M. D.  
Portageville, Mo.  
 (Address) \_\_\_\_\_

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

