2. FULL NAME NOW Ellis Flow 1984 (a) Rendence. No. (b) Rendence. No. (c) Rendence. No. (c) Rendence. No. (d) Rendence. No.	BUREAU OF V CERTIFICA 1. PLACE OF DEATH County Registration Distriction Township Primary Registration City (No.	
EARTH OF TESTIGENE IN CITY OR TOWN) PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS **NEDICAL CERTIFICATE OF DEATH 15. SEX 4. COLOR OR RACE 5. SINCLE MANAGEMENTISTORY STORY OF SUPPORTED CONTINUES SUPPORTED CONTINUES 16. DATE OF DEATH (MONTH, DAY AND YEAR) (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY AND YEAR) (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY AND YEAR) (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY AND YEAR) (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY AND YEAR) (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY AND YEAR) (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY AND YEAR) (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY AND YEAR) (OR) WIFE OF (OR) WIFE OR (OR)	,	
3. SEX 4. COLOR OR RACE 15. SINGLE MARRIED, WIDOWEDOR 16. DATE OF DEATH (MONTH, DAY AND YEAR) 5. SINGLE MARRIED, WIDOWED, OR DIVORCED 17. HER EBY GERT IF Y, That I attorted theraped from 18. DATE OF BIRTH (MONTH, DAY AND YEAR) 19. J.	Length of residence in city or town where death occurred yrs. mos	3- / 77 1 1 17 0 14 44 1 1 1 1 1
16. DATE OF DEATH (MONTH, DAY AND YEAR) SA. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF S. DATE OF BIRTH (MONTH, DAY AND YEAR) (OR) WIFE OF S. DATE OF BIRTH (MONTH, DAY AND YEAR) (A) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) (c) Name of employer 10. BIRTHPLACE (CITY OR TOWN) 11. BIRTHPLACE OF FATHER (CITY OR TOWN) 12. MAIDEN NAME OF MOTHER (CITY OR TOWN) 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) 14. MAIDEN NAME OF MOTHER (CITY OR TOWN) 15. DIATE OF BURIAL 16. DATE OF DEATH (MONTH, DAY AND YEAR) 17. HERE BY GERT IFY, That I situated speeds of the control of the date stated above, ni 18. THE CAUSE OF DEATH (MONTH, DAY AND YEAR) 19. LICENSIS OF DEATH (MONTH, DAY AND YEAR) 19. LICENSIS OF DEATH (MONTH, DAY AND YEAR) 19. LICENSIS OF DEATH (MONTH, DAY AND YEAR) 11. BIRTHPLACE (CITY OR TOWN) 12. MAIDEN NAME OF FATHER (CITY OR TOWN) 13. BIRTHPLACE OF FATHER (CITY OR TOWN) 14. MAIDEN NAME OF MOTHER (CITY OR TOWN) 15. WHERE WAS DISSES CONTRACTED 16. DATE OF DEATH (MONTH, DAY AND YEAR) 17. HERE BY GERT IFY, That I situated speeds of the death story. 18. CAUSE OF DEATH (MONTH, DAY AND YEAR) 19. LICENSIS OF DEATH (MONTH, DAY AND YEAR) 19. LICENSIS OF DEATH (MONTH, DAY AND YEAR) 10. WHERE WAS DISSES CONTRACTED 11. BIRTHPLACE (CITY OR TOWN) 12. MAIDEN NAME OF MOTHER (CITY OR TOWN) 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) 14. MAIDEN NAME OF MOTHER (CITY OR TOWN) 15. WHERE WAS DISSES CONTRACTED 16. DATE OF DEATH (MONTH, DAY AND YEAR) 17. HERE BY GERT IFY, That I situated death death from the date stated above, nither day, day of the death stated above, nither day, day of the day, day of the day, day of the date stated above, nither day, day of the day, day of the day, day of the day, day of	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
THE CAUSE OF DEATH+ WAS AS FOLLOWS: 7. AGE YEARS MONTHS DAYS II LESSE than 1 day, heracing, which is a continuous of the continuous of th	Male While Superior (State Word) SA. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF	16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 29 1930 17. HEREBY GERTIFY, That I attempted of cased from 1930 that I largely be madelive on 1930 and 1932 fand that
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer). (c) Name of employer 8. BIRTHPLACE (CITY OR TOWN) 10. NAME OF FATHER (CITY OR TOWN) 11. BIRTHPLACE OF MOTHER (CITY OR TOWN) 12. MAIDEN NAME OF MOTHER (CITY OR TOWN) 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) 14. INFORMANT BLACE OF MOTHER (CITY OR TOWN) 15. BIRTHPLACE OF MOTHER (CITY OR TOWN) 16. MAIDEN NAME OF MOTHER (CITY OR TOWN) 17. LONG SIGNED OF DATE 18. WHERE WAS DESES CONTRACTED 19. NAME OF FATHER (CITY OR TOWN) 10. NAME OF FATHER (CITY OR TOWN) 11. BIRTHPLACE OF MOTHER (CITY OR TOWN) 12. MAIDEN NAME OF MOTHER (CITY OR TOWN) 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) 14. INFORMANT BLACE OF MOTHER (CITY OR TOWN) 15. MAIDEN NAME OF MOTHER (CITY OR TOWN) 16. MAIDEN NAME OF MOTHER (CITY OR TOWN) 17. LONG SIGNED 18. WHERE WAS DESES CONTRACTED 19. PROCEEDED EATH 19. PLACE OF BURIAL, CREMATION, OR REMOVAL 19. PLACE OF BURIAL, CREMATION,	6. DATE OF BIRTH (MONTH, DAY AND YEAR)	1 - 1/2
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer). (c) Name of employer (durellon) yrs. mos. /2 ds. (ECONTRIBUTORY (SECONDARY)) (B) BIRTHPLACE (CITY OR TOWN) JAMES OF ATHER (CITY OR TOWN) JAMES OF PATHER (CITY OR TOWN) JAMES OF FATHER (CITY OR TOWN) JAMES OF FATHER (CITY OR TOWN) JAMES OF FATHER (CITY OR TOWN) JAMES OF SATHER CONTRIBUTORY (SIZE DO NAME OF FATHER (CITY OR TOWN) JAMES OF SATHER ANTAUTOPSY WHAT TEST CONFIRMED DIAGNOSIF) (SIZE MAIDEN NAME OF MOTHER CITY OR TOWN) JAMES OF SATHER ANTAUTOPSY (SIZE OR COUNTRY) 12. MAIDEN NAME OF MOTHER CITY OR TOWN) JAMES OF SATHER ANTAUTOPSY (SIZE OR COUNTRY) 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) JAMES OF SATHER ANTAUTOPSY (SIZE OR COUNTRY) 14. INFORMANT MANGE OF MOTHER (CITY OR TOWN) JAMES OF SATHER AND NATURE OF INTURE OF INTU	2 9 7 day,brs.	ante Endo Carditas
DID AN OPERATION PRECEDEDEATH DATE OF 10. NAME OF FATHER (LITY OR TOWN) CALLETTE (STATE OR COUNTRY) 11. BIRTHPLACE OF FATHER (CITY OR TOWN) CALLETTE (SIgned) 12. MAIDEN NAME OF MOTHER (CITY OR TOWN) CALLETTE (WAS THERMAN AUTOPSY) 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) CALLETTE (WAS THERMAN AUTOPSY) 14. INFORMANT BLANCIS HOME OF MOTHER (CITY OR TOWN) CALLETTE (WAS AND NATURE OF INFUSEY, and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 14. INFORMANT BLANCIS HOME OF MOTHER (CITY OR TOWN) CALLETTE (WAS AND NATURE OF INFUSEY, and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 15. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL (Address) 26. UNDERTAKER 27. UNDERTAKER 28. UNDERTAKER 28. UNDERTAKER 29. UNDERTAKER 20. UNDERTAKER	(a) Trade, profession, or particular kind of work	CONTRIBUTORY West Steed Control (SECONDARY) (duration) yrs. mos./2 ds.
DID AN OPERATION PRECEDEDENTH. 10. NAME OF FATHER (CITY OR TOWN) JOHN JOHN WAS THERE AN AUTOPSY 11. BIRTHPLACE OF FATHER (CITY OR TOWN) JOHN JOHN JOHN JOHN JOHN JOHN JOHN JOHN		IF NOT AT PLACE OF DEATH
(STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER (CITY OR TOWN) 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) 14. INFORMANT B MAILL FRANCIS HOMEON. (Address) 15. PLACE OF BURIAL, CREMATION, OR REMOVAL (Address) 16. INFORMANT B MAILL FRANCIS HOMEON. (Address) 17. DELLA 3095 U ENLIS ENLISE 20. UNDERTAKER (Signed) (Address) (Address) (Signed) (Address)		
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) JAMES STATES (STATE OR COUNTRY) 14. INFORMANT BY ALLE JAMES	(STATE OR COUNTRY)	SOUVE A BITVE &
(STATE OR COUNTRY) (I) MEANS AND NATURE OF INVEY, and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. (Address)	12. MAIDEN NAME OF MOTHER Germine Francis	Meg 30, 153 U(Address) James hower Mr
(Address) 5. FILLING 30950 Edles Ettaile 20. UNDERTAKER 19. PLACE OF BURIAL CREMATION, OR REMOVAL DATE OF BURIAL 19. PLACE OF BURIAL REMOVAL DATE OF BURIAL Lug 30 1530 20. UNDERTAKER APPRESS	(STATE OR COUNTRY)	(WMEANS AND NATURE OF INJURY, and (2) Whether Accidental, Suicidal, or
FILE GUY 301950 Edles Ettaike 20. UNDERTAKER APPRESS	INFORMANT UMILL FRANCE Hampley.	19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
	FILENEY 301950 Edles Ettaike REGISTRAR	20. UNDERTAKER APPRESS

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V.

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON

THIS SUPPLEMENTARY.

1. PLACE OF DEATH County Wouldan Registration District	No. 3-74 No. (1) Pile No.
Township Tunn Primary Registration	District No. 5-77 Begistered No.
Gity(No,	St
2. FULL NAME Jaul Ellis 9	Jampton
(a) Residence. No	,
Length of residence in city or town where death occurred yrs. mos.	ds. How long in U.S., if of foreign hirth? yrs. wos. ds.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (septie the word)	16. DATE OF DEATH (MONTH, DAY AND YEAR) LLG 29 19 30
5a. If Married, Widowed, or Divorced	1 HEREBY CERTIFY That I attended deceased from
HUSBAND OF (OR) WIFE OF	that I last saw h slive so 2
(61)	death occurred, on the data stated above, at
6. DATE OF BIRTH (MONTH, DAY AND YEAR)	THE CAUSE OF DEATH WAS AS FOLLOWS:
7. AGE YEARS MONTHS DAYS If LESS than 1	
day,bra. ormin.	44
	a distribution of the second o
8. OCCUPATION OF DECEASED	
(a) Trade, profession, or particular kind of work	(duration)yrsds.
(b) General nature of industry, business, or establishment in	CONTOBUTORY
which employed (or employer)	(daration)yrs,mosds
(c) Name of employer	18. Where was disease contracted
9. BIRTHPLACE (CITY OR TOWN)	IF NOT AT PLACE OF DEATHT
(STATE OR COUNTRY)	
10. NAME OF FATHER	DID AN OPERATION PRECEDE DEATHY DAYE OF
11. BIRTHPLACE OF FATHER (CITY OR TOWN)	What test confirmed diagnosis?
	(Signed), M. D
12. MAIDEN NAME OF MOTHER	, 19 (Address)
13. BIRTHPLACE OF MOTHER (CITY OF JOWN)	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or
(STATE OR COUNTRY)	HOMICIDAL.
14.	19. PLACE OF BURIAL CREMATION, OR REMOVAL DATE OF BURIAL
(Address)	Mr. From ene Taxu (Juga) 1931
15. C. D. all COO. 250 (Xa) (4.1)	20. UNDERTAKER ADDRESS
FILED (LILLS) O VALLE REGISTRAR	Wint Place het Jan Demantor VI

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