

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

1886<sup>e</sup>

**PLACE OF DEATH**

County Newton Registration District No. 608 File No. 6  
 Township Franklin Primary Registration District No. 2264 Registered No. \_\_\_\_\_  
 City (No. \_\_\_\_\_) 5807 St. V Ward \_\_\_\_\_

**2. FULL NAME** Ira Ellis

(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. da. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 5 1843

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
83 | | | 10

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Farmer  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Ira Ellis

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) N. C.

12. MAIDEN NAME OF MOTHER Polly Oleson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Tenn

14. INFORMANT Daniel J. Ellis (Address) Newtonia B

15. FILED \_\_\_\_\_, 19 \_\_\_\_\_ REGISTRAR \_\_\_\_\_

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 15 1926

17. I HEREBY CERTIFY That I attended deceased from Jan. 8, 1926, to Jan. 15, 1926 that I last saw him alive on Jan. 8, 1926, and that death occurred, on the date stated above, at 8 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Uremic poisoning  
 (duration) yrs. mos. da. 8 da.  
 CONTRIBUTORY (SECONDARY) acute nephritis  
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH? \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) G. H. Edwards, M. D. 1-15-26 (Address) Stella 1017

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Belanda DATE OF BURIAL Jan. 16 1926

20. UNDERTAKER H. A. Pogue ADDRESS Wheaton

PARENTS