





Bettie Lee Ellison

Jesse Ellison

JOHN C.  
ELLISON  
BORN  
MAY 4 1820

John C. Ellison



JULIUS ALLEN

*Son of*  
JOHN C. & RACHEL R.  
ELLISON

*Born*  
Aug. 2, 1857

*DIED*  
Jan. 21, 1858

*Rest thy weary soul  
To the bright realms of joy,  
Then why should we mourn  
For one so young and true?*



EU ANN ELLISON  
BORN

MAR. 25, 1867

DIED

JULY 22, 1888



Dearest child, thou hast left us,  
And thy loss we deeply feel;  
'Tis the lord that has bereft us,  
Of one we loved so well.

MARY  
NANIE  
ELLISON  
BORN  
JAN 21 1859  
DIED  
MAY 18 1910

She died as she lived  
trusting in God.

NANCY

WIFE OF

JESSE ELLISON

BORN

Mar. 15. 1793

DIED

Sept. 25. 1863

Nancy Coffman Ellison



W. H. ELLISON  
BORN  
MCH. 13. 1870  
DIED  
NOV. 5. 1914

RESTED IN PEACE  
WIFE OF MARY ELLISON

William H. Ellison

Commonwealth of Kentucky  
 STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**

PLACE OF DEATH

County McLeanVol. No. 14Registration District No. 332Inc. Town CynthianaPrimary Registration District No. 6804

City

No.

St.

Ward

FULL NAME William H. EllersFile No. 29257Registered W.D.

(If death occurred in a  
 hospital or institution,  
 give its name (number if  
 block lot number).)

## PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>Single</u>
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DATE OF BIRTH

March 13, 1870  
 (Month) (Day) (Year)

AGE

47 yrs. 7 mos. 23 ds.

IF LESS THAN  
 1 yr... by  
 yr... mo...  
 or... mo...  
 or... mo...  
 or... mo...

OCCUPATION

(a) Trade, profession, or particular kind of work Farmer  
 (b) General nature of industry business or establishment in which employed (or employer)

BIRTHPLACE (State or country)

Ky

NAME OF FATHER

John C. Ellers

BIRTHPLACE OF FATHER (State or country)

Ky

MAIDEN NAME OF MOTHER

Rachel Laude

BIRTHPLACE OF MOTHER (State or country)

Muhlenberg Co. Ky

IS THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sumner Ross(Address) Salmon, Ky

Filed

Nov. 6, 1926 H. H. Kaeppert  
 REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

11 5 1926  
 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased

from 11/5, 1926, to 11/5, 1926,that I last saw him live on 11/5, 1926,and that death occurred on the date stated above at 2 P.M., The CAUSE OF DEATH was as follows:

Pneumonia, congestive, nephritis  
Renally 10 yrs.

CERTIFYING

(Signature)

(Date) Nov 5 1926(Signed) J. S. [Signature](Address) Salmon, Ky

\*Health Officer Certified Death or Is Omitted from Vitality Cards and  
 (1) Means of Death (2) Whether Accidental, Sudden, or Unknown

LENGTH OF RESIDENCE (In hospitals, institutions, transient or recent residents)

At place of death 7 yrs. 7 mos. 23 ds. State 7 yrs. 7 mos. 23 ds.

Where was disease contracted, if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL

Union Graveyard

DATE OF BURIAL

Nov. 6, 1926

ADDRESS

Salmon, Ky

W. LAVERNE GRIFFITH

1923 — 1941

WILLIE ALLEN GROSS

SYLVANUS ALVA

MARKWELL

MAY 9. 1877

APR. 3. 1937

File No. 11688Registered No. 913

## 1. PLACE OF DEATH

County McHenryVet. Post. IslandInn. Tavern IslandRegistration District No. 965Primary Registration District No. 2369City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME Alva Evelyn Marshall(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (City or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., i. sec. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed or Divorced (write the word) Married6a. If married, widowed, or divorced  
Survivor of last marriage Alva E. Marshall9. DATE OF BIRTH May 9-18977. AGE Years 59 Months 9 Days 11 If less than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal miner

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE Wickliffe, Ky13. NAME Hooker Marshall14. BIRTHPLACE Ky15. MAIDEN NAME Don't Know

16. BIRTHPLACE

17. INFORMANT Garman Ruzer(Address) Island, Ky

18. BURIAL, CREMATION, OR REMOVAL

Place Island, Ky Date April 9 193719. UNDERTAKER J. H. Hays(Address) Island, Ky20. FILED 5-4, 1937 Wm. H. C. Pollack  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Apr 3rd, 193722. I HEREBY CERTIFY, That I attended deceased from Apr 2nd, 1937 to Apr 9th, 1937I last saw him alive on Apr 9th, 1937, death is said to have occurred on the date stated above, at 6 m.

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

Angina PectorisDate of onset 1937

Contributory causes of importance not related to principal cause:

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? \_\_\_\_\_ 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) W. H. C. Pollack M. D.(Address) Island, Ky

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY. UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

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MINNIE S.

CROSS

MAY 18, 1861

DEC. 17, 1920

IN HIS OWN RIGHT  
AND AS TRUSTEE OF THE  
Estate of the late



Commonwealth of Kentucky  
STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**

1 PLACE OF DEATH  
County McLean  
Vol. No. # 6 District No. 734  
250. Town Island Primary Registration District No. \_\_\_\_\_  
City \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
1 FULL NAME Miriam Gela 2033

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
If death occurred in a hospital, nursing home or other institution, give the name of the institution.

**PERSONAL AND STATISTICAL PARTICULARS**

1 SEX <u>Female</u>	2 COLOR OR RACE <u>White</u>	3 MARRIAGE HISTORY <u>Widow</u>
4 DATE OF BIRTH <u>May 6, 1861</u>		
7 AGE <u>59</u> yrs. <u>7</u> mos. <u>1</u> da.		8 IF LESS than 1 day... hrs. or. min?
9 OCCUPATION (a) Trade, profession, or particular kind of work. <u>Housekeeper</u> (b) General nature of industry, business or establishment in which employed (or employer)		
10 BIRTHPLACE (State or country) <u>Pa</u>		
11 PARENTS	11a NAME OF FATHER <u>John C. Ellison</u>	
	11b BIRTHPLACE OF FATHER (State or country) <u>Pa</u>	
	11c MARRIED NAME OF MOTHER <u>Rachel Sanders</u>	
	11d BIRTHPLACE OF MOTHER (State or country) <u>Pa</u>	

**MEDICAL CERTIFICATE OF DEATH**

12 DATE OF DEATH  
Dec 17, 1923

13 I HEREBY CERTIFY, That I attended deceased from Nov 11, 1923, to Dec 17, 1923  
What I last saw her alive on Dec 12, 1923  
and that death occurred on the date stated above.  
The CAUSE OF DEATH was as follows:  
Empyema

(Duration) 6 yrs. 40 da.  
Complication Acute glandular disease  
(Duration) 6 yrs. 40 da.  
(Signed) J. S. Stephens M. D.  
Dec 16, 1923 Address Island, Ky

14 PLACE OF RESIDENCE (From birthplace, institution, or other place on recent residence)  
At place of death Yes No Pa Mo St. Pa Mo St.  
Where was disease contracted?  
If not at place of death?  
Formal or usual residence

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Signature) Sam Calvert  
Address Island, Ky

16 PLACE OF BURIAL OR REMOVAL  
Ellison Cemetery  
DATE OF BURIAL  
Dec 18, 1923  
17 UNDERTAKER  
Chas. J. Simons  
ADDRESS  
Island

WRITE PLAIN WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B. Every item of information should be carefully checked. AGE should be entered EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

This Form is the Property of the State Board of Health

SAMUEL  
GROSS  
BORN  
DEC 18 1851  
DIED  
JAN 26 1896

He lived to the  
Christianity

Samuel Gross