

FEB 20 1928

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

Do not use this space.

425

1. PLACE OF DEATH

County Carroll Registration District No. 135 File No. \_\_\_\_\_  
Township \_\_\_\_\_ Primary Registration District No. 3010 Registered No. 8  
City Carrollton No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Merrel Dean Elliot

(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. da.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7-7-1925

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
2 | 6 | 17 | \_\_\_\_\_

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 \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Carroll Co. Mo.  
(STATE OR COUNTRY)

10. NAME OF FATHER Homer Elliot

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Carroll Co. Mo.  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Viola Fair

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Carroll Co. Mo.  
(STATE OR COUNTRY)

14. INFORMANT Homer Elliot  
(Address) Carrollton Mo

15. FILED 1-25-28 Mrs E G Farnham  
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-24-28

17. I HEREBY CERTIFY, That I attended deceased from 1-22-28, 19\_\_\_\_, to 1-27-28, 19\_\_\_\_, that I last saw him \_\_\_\_\_ alive on 1-27-28, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS  
Acute Appendicitis Peritonitis  
121B  
129 (duration) yrs. mos. da.  
117B  
CONTRIBUTORY (SECONDARY) \_\_\_\_\_  
(duration) yrs. mos. da.

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

1 DID AN OPERATION PRECEDE DEATH? yes DATE OF Jan 23-28  
WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_  
(Signed) D. W. McKenna, M. D.  
1-25-1928 (Address) Carrollton Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INQUIRY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Oak Hill Cem DATE OF BURIAL 1-26-1928

20. UNDERTAKER Stanley Turner Home ADDRESS Carrollton Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state CAUSE OF DEATH as accurately as possible.

