24

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

Do not use this space.

19811

1. PLACE OF DEATH Died at Andrew Co Hospital

County AUDRAIN Registration District No. 26 File No.

Township Saltriver Primary Registration District No. 3002 Registered No. 94

City ~~VANDALIA MO~~ Mexico Mo (No. ..... St. ..... Ward)

2. FULL NAME JOSEPH BRANSON ELLIOTT

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE

4. COLOR OR RACE WHITE

5. ~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED (write the word)~~

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF LILLIE ELLIOTT

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 6, 1886

7. AGE 42 YEARS MONTHS 4 DAYS 25 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work CAR INSPECTOR

(b) General nature of industry, business, or establishment in which employed (or employer) INSPECTING FREIGHT

(c) Name of employer CHICAGO & ALTON RR

9. BIRTHPLACE (CITY OR TOWN) LEVANWORTH (STATE OR COUNTRY) INDIANA

PARENTS

10. NAME OF FATHER THOMAS W ELLIOTT

11. BIRTHPLACE OF FATHER (CITY OR TOWN) LEVANWORTH (STATE OR COUNTRY) INDIANA

12. MAIDEN NAME OF MOTHER ELIZA LYNCH

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) LEVANWORTH (STATE OR COUNTRY) INDIANA

14. INFORMANT Mrs J. Elliott (Address) Vandalia Mo

15. FILED June 13th, 1928 Ira S Milligan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-8 1928

17. I HEREBY CERTIFY, That I attended deceased from June 8, 1928, to June 8, 1928 that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 10 P.M.-m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Shock -

207 M

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Accident - on railroad

..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

1 DID AN OPERATION PRECEDE DEATH? Yes no DATE OF June 8 1928

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Alice Alford, M. D

June 9, 1928 (Address) Vandalia Mo.

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Vandalia Mo DATE OF BURIAL 6-10 1928

20. UNDERTAKER W S Waters ADDRESS Vandalia

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 24 1958

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 Audrain — Registration District No. 26 — File No.
Township Saltriver — Primary Registration District No. 3002 — Registered No. 94
City (No. , St. Ward)

2. FULL NAME Joseph Branson Elliott
(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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

7. AGE — YEARS — MONTHS — DAYS — If LESS than 1 day, hrs. or min.

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)
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY)

14. INFORMANT
(Address)

15. FILED June 13th 1928 Ira S. Milligan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-8 1928

17. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 that I last saw b alive on , 19 , and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Shock. Hit by train but no Automobile figures in this case. Near Vandalia Mo. Died in Audrain Co Hospital. Mexico Mo.
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Accident on railroad
(duration) yrs. mos. ds.

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) , M. D
, 19 (Address)

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL — DATE OF BURIAL 19

20. UNDERTAKER — ADDRESS

SUPPLEMENTARY

1880

N. B.- ... supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAU... so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC... ALL NO... RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW