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

Do not use this space.

File No. 20116

Registered No. .....

1. PLACE OF DEATH
County Carroll
Township Moss Creek
City ..... (No. ..... St. ..... Ward)
Registration District No. .....
Primary Registration District No. .....

2. FULL NAME William 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) Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8-16-1843
7. AGE Years 84 Months 9 Days 20 If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Louisville
(STATE OR COUNTRY) Ky
PARENTS
10. NAME OF FATHER David Elliott
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER Bettie Elliott
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Kentucky
INFORMANT [illegible]
(Address) Norborne Mo Route 3
15. FILED 6 mo 8, 1928 Mrs. E. E. Farnham REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-6 1928
17. I HEREBY CERTIFY, That I attended deceased from 6-6 1928, to 6-6 1928, that I last saw him alive on 6-6 1928, and that death occurred, on the date stated above, at 6:30 a.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy
82A
74 A
(duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) Cerebral Hemorrhage
(duration) Sudden ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? —
(Signed) B. Clark, M. D
6/6, 1928 (Address) Norborne 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 Gilead Cemetery
DATE OF BURIAL 6/8 1928
20. UNDERTAKER Willis Bros
ADDRESS Carrollton Mo

...rmation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state ...n plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.