22 1928

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

Do not use this space.

29805

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 1116

City St. Joseph, Mo. (No. 813 North 10th St. Ward)

2. FULL NAME Allene E. Elliott

(a) Residence. No. 813 North 10th St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. 6 mos. 0 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 21, 1851

7. AGE: Years 77 — Months 2 — Days 2 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Home

(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): Platt County, Missouri

PARENTS

10. NAME OF FATHER: George W. Jones

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Rappahannock, Wis. Vir.

12. MAIDEN NAME OF MOTHER: Elizabeth Bywaters

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Culpeper Co., Virginia

14. INFORMANT: Miles Elliott (Address) 813 North 10

15. FILED SEP 24 1928 19 John G. Jr. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept. 23, 1928

17. I HEREBY CERTIFY, That I attended deceased from 9/16, 1928, to 9/23, 1928, that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 10:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage

82A

162 (duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (SECONDARY): Senility

..... (duration) ..... yrs. ..... mos. ..... 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? Clinical

(Signed) Emmett Flock, M. D.

9/24, 1928 (Address) Phys Bldg

*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: Boonville, Mo. — DATE OF BURIAL: Sept. 26, 1928

20. UNDERTAKER: Fleeman Funeral Home — ADDRESS: 1298 Francis

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.