

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township _____ Primary Registration District No. 1001
City St. Joseph, (No. Noyes Hospital) St. _____ Ward _____

File No. 9684
Registered No. 392

2. FULL NAME

Joseph T. Elliott
(a) Residence. No. R.F.D. #4 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 25, 1840

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	88	2	27	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Farmer 137
(b) General nature of industry, business, or establishment in which employed (or employer) 22
(c) Name of employer 97

9. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Clinton Co., Mo.

10. NAME OF FATHER Arch Elliott

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Herbert E. Elliott

(Address) R.F.D. #4, St. Jos. Mo.

15. FILED 22 1929
John G. [Signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 22, 1929 1929

17. I HEREBY CERTIFY, That I attended deceased from 2-20 1929, to 2-22 1929
that I last saw him alive on _____, 19____, and that death occurred, on the date stated above, at 3.45 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis (Chronic)
900

(duration) 5 yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis, prostate hypertrophy
(duration) 5 yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? yes DATE OF 3-11-29

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical + pathology
(Signed) E. D. Gumbig, M. D.

3/24, 1929 (Address) St. Joseph, 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

DATE OF BURIAL

Plattsburg, Missouri

Mar. 25, 1929

UNDERTAKER

ADDRESS

Walter Meierhoffer 1302 Faraon St.

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.

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