

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

Do not use this space.

34316

1. PLACE OF DEATH

County Linn Registration District No. 491
Township Jefferson Primary Registration District No. 4298
City Troy (No. _____) St. _____ Ward _____

File No. _____
Registered No. 31

2. FULL NAME

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 28 - 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
70 11 1

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Plaster
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Troy Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Thomas J. Elliott

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

12. MAIDEN NAME OF MOTHER Margaret White Thomas

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

14. INFORMANT Earl Elliott
(Address) Troy Mo

15. FILED 10/26 19 29 W.P. Smith
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 26 - 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct. 16, 1929, to Oct 25, 1929 that I last saw him alive on Oct 25, 1929, and that death occurred, on the date stated above, at 6:30 p.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Septicemia following infection of right hand

13 1/2 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Myeloiditis, Chronic nephritis. (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 129 W

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) J.H. Harris, M. D.

10/26 1929 (Address) Troy 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

Troy Cemetery

Apr 27 1928

20. UNDERTAKER

ADDRESS

Benjamin Brown

Troy MO

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.

