

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

Do not use this space.

40079

PLACE OF DEATH

County Polay Registration District No. 201
Township Liberty Primary Registration District No. 5280
City (No. _____) _____ St. _____ Ward _____

File No. _____
Registered No. 104
St. _____ Ward _____

2. FULL NAME

Mahitabelle A. Elliott
(a) Residence. No. 9007 Home St. Liberty Ward _____
(Usual place of abode) _____ Mo. (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED (Name of (OR) WIFE OF) Henry A. Elliott

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 10-1863

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
66 5 22

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Domestic
(b) General nature of industry, business, or establishment in which employed (or employer). I.O.O.F. Home
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Lugo Co. Iowa
(STATE OR COUNTRY)

10. NAME OF FATHER Stewart Barber

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Henry A. Elliott
(Address) Liberty - Mo

15. FILED 1/20/30 W. H. Harrison REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 2 1929

17. I HEREBY CERTIFY, That I attended deceased from May 2, 1927 to Dec 2, 1929 that I last saw her alive on Dec 1, 1929 and that death occurred, on the date stated above, at 12 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia Septica
87B

(duration) 3 yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) 87B
(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) A. H. Weathered, M. D.
1/3, 1929 (Address) Liberty 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 Favorite Liberty Mo DATE OF BURIAL 12/4 1929

20. UNDERTAKER Church - Archer Co ADDRESS Liberty Mo

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION, if very important.

JAN 21 1930

26 2 31

PHYSICIANS should state CAREFULLY amount of care given. AGE should be stated EXACTLY. Exact statement of OCCUPATION, if very important.

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