

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.

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

Do not use this space.

18455

1. PLACE OF DEATH

County Worth
Township Stitchell
City Grant City (No.)

Registration District No. 903
Primary Registration District No. 4545

File No.
Registered No. 8
St. Ward

2. FULL NAME

(a) Residence, No. St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 2 mos. da. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 27, 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 11 6

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Shoe repair shop
(b) General nature of industry, business, or establishment in which employed (or employer) Shoelms maker
(c) Name of employer repair

9. BIRTHPLACE (CITY OR TOWN) Lebanon Co
(STATE OR COUNTRY) Ohio

10. NAME OF FATHER Henry Elliott

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

12. MAIDEN NAME OF MOTHER Sarah Bobo

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

14. INFORMANT Mrs. Wayne Matting
(Address) Grant City, Mo.

15. FILED 5-4, 1930 John Andrews
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 3 1930

17. I HEREBY CERTIFY, That I attended deceased from Apr 14, 1930 to May 3, 1930 that I last saw him alive on May 3, 1930 and that death occurred, on the date stated above, at 7:00 A.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage
Bose Brain
82A
(duration) yrs. mos. 20 ds.

CONTRIBUTORY (SECONDARY) 1/4 (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?

(Signed) J. H. Swift D.O.

53, 1930 (Address) Grant City 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 5/4 1930

Collington Iowa

20. UNDERTAKER Arch C. Dunfee ADDRESS Grant City

7110

