

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

Do not use this space.

9581

1. PLACE OF DEATH

40 County Grundy
Township Marion
City _____ (No. _____)

Registration District No. 327
Primary Registration District No. 5454

File No. _____
Registered No. 4
St. _____ Ward _____

2. FULL NAME

Frank Elliott

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

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

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

single

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

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

May 1, 1867

7. AGE

YEARS 63 MONTHS 10 DAYS 20

If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

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

farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

farming

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Morgan Co., Ohio 2

10. NAME OF FATHER

Grace Elliott

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Morgan County, Ohio

12. MAIDEN NAME OF MOTHER

Ether Hartins

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Morgan County, Ohio

14. INFORMANT

Neal Elliott
(Address) Rt. D. #6, Denton Mo.

15. FILED

3-24-31 U. C. Weston

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 21 1931

17. I HEREBY CERTIFY, That I attended deceased from July 30, 1931 to July 21, 1931 that I last saw him alive on June 18, 1931, and that death occurred, on the date stated above, at 10 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of sigmoid
40 C

CONTRIBUTORY (SECONDARY)

40 C

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? No DATE OF July 1920

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS

3/21, 1931 (Signed) E. J. Harris, M. D.
(Address) Denton 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

Rural Cal. bur. 3-27-31

20. UNDERTAKER

ADDRESS

C. J. Robertson Jaredo

At least 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.

APR 23 1931

