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.

13096

1. PLACE OF DEATH

County Andrain — Registration District No. 26 — File No.

Township ~~[illegible]~~ Lathrim — Primary Registration District No. 5034 — Registered No. 49

City Mexico Mo (No. — just inside of line of Lathrim Township — Ward) according to County Clerk.

2. FULL NAME Miss Lilly Elliott

(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: Female

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) Feb 17 1862

7. AGE: YEARS 69 — MONTHS 2 — DAYS 1 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 234

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rush Hill Andrain Co, Mo, 1

FATHER

13. NAME Wm Harper Elliot

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ralls Co, Mo

MOTHER

15. MAIDEN NAME Mary Elizabeth Botts

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Culpepper Co, Va, 2

17. INFORMANT (ADDRESS) Coleman Elliot Rush Hill Mo, R.F.D.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Elmwood Mexico Mo DATE Apr 19 1931

19. UNDERTAKER (ADDRESS) McPheeters Bros, Mexico Mo

20. FILED Sheil 19th 1931 Ira S Milligan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 18, 1931

22. I HEREBY CERTIFY, That I attended deceased from —, 19..., to —, 19...

I last saw h Coroner Case alive on —, 19... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Natural Causes probably due to Myocarditis

9310

Date of onset

Other contributory causes of importance: 9310

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) E. McD Bridgford, Coroner M. D.

(Address) Court House Andrain Co