

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No. **85**
 Township Primary Registration District No. **1001**
 City **St. Joseph** (No. **1223**) **Garfield** St. Ward) **620**

File No. **20606**
 Registered No. **620**

2. FULL NAME

(a) Residence, No. **1223 Garfield St.** Ward. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred **43** 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** **Widowed**
5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND or (OR) WIFE OF **Geo W. Elliott**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 7 1854**
7. AGE YEARS **77** MONTHS **3** DAYS **3** IF LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **at home**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) **St. Virginia**

13. NAME **Do not know**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Joseph**

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT (ADDRESS) **Miss Filora Elliott**
1223 Ashland

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **Ashland** DATE **June 13, 1931**

19. UNDERTAKER (ADDRESS) **J. L. Stirling**
318 S. 3rd

20. FILED **6-12** 19**31** **John J. Bender**
 Registrar

MEDICAL CERTIFICATE OF DEATH

2. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 10, 1931**
22. I HEREBY CERTIFY that I attended deceased from **morning** 19**30** to **June 10** 19**31**
 I last saw her alive on **June 10** 19**31** Death is said to have occurred on the date stated above, at **4 P.M.**
 The principal cause of death and related causes of importance were as follows:

Myocarditis Chronic Date of onset **1927**
750 930
77
 Other contributory causes of importance: **Arteriosclerosis** **1927**

Name of operation Date of
 What test confirmed diagnosis? **clinical** 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) **J. M. Alaman** M. D.
 (Address) **101 St. Louis Hwy**

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

JUL - 2 1931

