

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

Do not use this space.

1. PLACE OF DEATH
 County Jackson Registration District No. 399 File No. 28290
 Township Kaw Primary Registration District No. 1031 Registered No. 3418
 City Kansas City, Mo. No. (Research Hosp) St. _____ Ward _____

2. FULL NAME Charles Lewis Elliott
 (a) Residence. No. Avondale, Mo. 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 M 4. COLOR OR RACE W 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 19 1911

7. AGE	YEARS	MONTHS	DAY	If LESS than 1 day, _____ hrs. or _____ min.
	<u>20</u>	<u>5</u>	<u>21</u>	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work. Student
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) mo
 (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER James S. Elliott

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

12. MAIDEN NAME OF MOTHER Lena Hudson

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

14. INFORMANT Mrs. J. S. Elliott
 (Address) Avondale, Mo.

15. FILED 8/10 1931 M. M. Crowe
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 10 1931

17. I HEREBY CERTIFY, That I attended deceased from Aug 6, 1930, to Aug 10, 1931 that I last saw him alive on Aug 9, 1931, and that death occurred, on the date stated above, at 4:20 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Streptococci Toxicities
1081
11.5 hr (duration) yrs. _____ mos. 6 ds.
 CONTRIBUTORY 30 Lobar Pneumonia
(SECONDARY)
Streptococci (duration) yrs. _____ mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED at Home
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS Physical Exam
 (Signed) Russell E. Pater, M. D.

*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 Burylew, Yorkland Mo DATE OF BURIAL 8/12 1931

20. UNDERTAKER Morton & Co ADDRESS Mo K. Mo.

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

