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.

NOV 24 1931

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

Do not use this space.

34275

1. PLACE OF DEATH
County Howell — Registration District No. 385 — File No.
Township Willow Springs — Primary Registration District No. 5536 — Registered No. 33
City (No. , St. Ward)

2. FULL NAME Doris June Elliott
(a) Residence, No. Willow Springs, St., Mo. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 0 yrs. 2 mos. 18 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) June 4-1931
7. AGE YEARS — MONTHS 4 — DAYS 8 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
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) Washington Kansas

FATHER
13. NAME Ray Albert Elliott
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Kansas

MOTHER
15. MAIDEN NAME Tola A Collier
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hadam Kansas

17. INFORMANT (ADDRESS) Joe H Wooldridge Willow Springs Missouri
18. BURIAL, CREMATION, OR REMOVAL
PLACE City Cem. DATE 10/13 1931
19. UNDERTAKER (ADDRESS) Dra Ray Willow Sgs. Mo
20. FILED 10/13 1931 J B Ferguson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 12, 1931.

22. I HEREBY CERTIFY, That I attended deceased from October 9, 1931, to October 12, 1931
I last saw her alive on October 12, 1931. Death is said to have occurred on the date stated above, at 6:00 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Auto-Intoxication	10-8-31.

Other contributory causes of importance: none

Name of operation — Date of —
What test confirmed diagnosis? Physical findings Was there an autopsy?

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 C B Davis, M. D.
(Address) Willow Springs, Missouri.