MARGIN RESERVED FOR BINDING

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

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.

MAR 21 1932

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

Do not use this space.

File No. 3988

Registered No. 12

1. PLACE OF DEATH

17 County Carroll — Registration District No. 135

Township Wakenda — Primary Registration District No. 5193

City ~~Carrollton~~ (No. ..... St. ..... Ward)

2. FULL NAME Marline Elliott

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX X

4. COLOR OR RACE W

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-6-1932

7. AGE YEARS — MONTHS 5 hrs — DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) Carroll Co

FATHER

13. NAME Marvin T Elliott

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll Co.

MOTHER

15. MAIDEN NAME Opal Cooper

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll Co.

17. INFORMANT (ADDRESS) Mrs T Elliott Carrollton Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Oak Hill DATE 2-6 1932

19. UNDERTAKER (ADDRESS) Standley Carrollton Mo.

20. FILED 2-6 1932 Mrs E E Farnham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-6 1932

22. I HEREBY CERTIFY, That I attended deceased from 2-6 1932, to 2-6-32, 19..

I last saw her alive on 2-6-32, 1932 Death is said to have occurred on the date stated above, at 4P m.

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

Prematurity — Date of onset

159

159 (1)

Other contributory causes of importance:

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

What test confirmed diagnosis? ..... 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) H. B. Scovern, M. D.

(Address) Carrollton, Mo