

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

Do not use this space.

8982

1. PLACE OF DEATH

5-1 County Johnson. Registration District No. 431
6 Township Warrensburg. Primary Registration District No. 3023
7 City Warrensburg. (No.) St. Ward

File No.

Registered No.

2. FULL NAME

Mary Ann Elliott.
(a) Residence, No. 317 Grover St., 3 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Robt Elliott.</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 1. 1861</u>				
7. AGE YEARS <u>70</u>	MONTHS <u>3</u>	DAYS <u>19</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired house Keeper</u>			
	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) Ohio. 2

FATHER 13. NAME Abraham Cook.

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England 8

MOTHER 15. MAIDEN NAME Sarah Lane

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn. 2

17. INFORMANT Hazle Ryburn
(ADDRESS) Warrensburg. MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE Plesant Hill DATE Mar. 21 1932

19. UNDERTAKER R. Q. Phillips.
(ADDRESS) Warrensburg.

20. FILED Mar 21 1932 M. A. Patterson
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March, 20 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1930, to March 20 1932
I last saw him alive on March 20 1932 Death is said to have occurred on the date stated above, at 6:30 P. M.

The principal cause of death and related causes of importance were as follows:
Chronic Interstitial Nephritis Date of onset 131
163 131

Other contributory causes of importance:
Senility ①

Name of operation None 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? No.

If so, specify

(Signed) John A. Brown M. D.

(Address) Warrensburg

Date of onset 131 163 131

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.

APR 27 1932

