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.

JUN 21 1932

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

Do not use this space.

15360

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 485

City St. Joseph Mo. (No. 2607, St. Joseph Ave St. Ward)

2. FULL NAME Lizzie Elliott

(a) Residence, No. 2607 St Joseph Ave St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov, 6 1850

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
81	81	6	8	

OCCUPATION

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) Bayou DeGlaze, La.

FATHER

13. NAME Thomas Kennedy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown La.

MOTHER

15. MAIDEN NAME Elizabeth Simons

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

17. INFORMANT (ADDRESS) Mrs.James Bauerlein 2607 St.Joseph.Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt. More Cemetery DATE May.16.1932

19. UNDERTAKER (ADDRESS) Walter Meierhoffer 1302 Faraon St. St.Joseph.Mo.

20. FILED MAY 16 1932 19 John R Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14 1932. 19

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1932, to May 14, 1932

I last saw her alive on May 14 1932 Death is said to have occurred on the date stated above, at 9:25 a.m.

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

Acute Enteritis

Date of onset

120

Other contributory causes of importance:

Name of operation ✓ Date of

What test confirmed diagnosis? 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? no

If so, specify

(Signed) B.W. Trathaker, M. D.

(Address) P & S. Bldg St Joseph Mo