

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

Do not use this space.

1. PLACE OF DEATH

20 County Cedar
Township Boy
City _____ (No. _____)

Registration District No. 163
Primary Registration District No. 5228

File No. 22238
Registered No. 49
St. _____ Ward _____

2. FULL NAME

Mary Elizabeth Elliott
(a) Residence, No. _____ 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. Elliott
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 12 1867
7. AGE YEARS 65 MONTHS 5 DAYS 8 If LESS than 1 day, _____ hrs. or _____ min.
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. 235
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) Cedar Co Mo 1

MOTHER 13. NAME Ed. Eddleman

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known 31

MOTHER 15. MAIDEN NAME Jane Wyatt

FATHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT Mr. Glen Elliott
(ADDRESS) Woradspg Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hazel Hill DATE July 5 1932

19. UNDERTAKER Charles Mathis
(ADDRESS) Woradspg Mo

20. FILED 7-4-1932 J. W. Dawson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-4-1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 8 a m.

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

Angina Pectoris Date of onset _____

Other contributory causes of importance: (5)

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) W. J. Givins Crowell M. D.

(Address) Woradspg Mo

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.

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