WHITE 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.

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

Do not use this space.

30356

1. PLACE OF DEATH

County ..... Registration District No. 791 [illegible]

Township ..... Primary Registration District No. .....

City St. Louis (No. 5451, Queens Ave. St. ..... Ward)

File No. .....

Registered No. 7949

2. FULL NAME James M. Elliott

(a) Residence, No. 5451 Queens Ave St., 7 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 30, 1854

7. AGE: YEARS 77 | MONTHS 11 | DAYS 1 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

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) Mo

FATHER

13. NAME Not Known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT (ADDRESS) Robert H. Ballmann 5451 Queens Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Los Angeles, Cal DATE Sept. 1 1932

19. UNDERTAKER (ADDRESS) Walk, Hermann and Son 2161 East Fair Av

20. FILED SEP - 1 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1932, to Sept 1st, 1932

I last saw him alive on Sept 1st, 1932 Death is said to have occurred on the date stated above, at 3:30 A m.

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

	Date of onset
Angina Pectoris	?
94A	
97	
163	

Other contributory causes of importance:

Senility

Arterio Sclerosis

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

What test confirmed diagnosis? Palpation Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? (1) 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 No

(Signed) A. Gettinger, M. D.

(Address) 2745 N Grand Bl