

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

Do not use this space.

36785

1. PLACE OF DEATH

JAN 9 1932
County Randolph
Township
City Huntsville (No.)

Registration District No. 733
Primary Registration District No. 4438

File No.
Registered No. 27
St. Ward

2. FULL NAME James Forest 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 male 4. COLOR OR RACE white 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) Nov 6, 1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 14

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Huntsville
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER James Forest Elliott
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Moberly Mo
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Bessie May Law
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Indiana

14. INFORMANT Mrs Bessie Elliott
(Address) Huntsville Mo

15. FILED Dec 10 1932 Y F Pray
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 20 1932

17. I HEREBY CERTIFY, That I attended deceased from Nov 19 1932 to Nov 20 1932
that I last saw h. alive on Nov 19 1932 and that death occurred, on the date stated above, at 5:00 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature Birth (7 mos)

15.9 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 15 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH ①

DID AN OPERATION PRECEDE DEATH no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Y F Pray M. D.

, 19 (Address) Huntsville

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Hogan Cemetery DATE OF BURIAL Nov 21 1932

20. UNDERTAKER Tom B Patton ADDRESS Huntsville 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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

