

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.

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

Do not use this space.

1375
File No. 105
Registered No.

1. PLACE OF DEATH

48 County Jackson
10 Township Raw
7 City R. C. Mt. (No. DeSade Hosp.)

Registration District No. 389
Primary Registration District No. 1062

File No. 1375
Registered No. 105
St. _____ Ward _____

2. FULL NAME

Mrs Bernice Elliott
(a) Residence, No. 539 Stonewall East Ward 7
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 22 1909

7. AGE. YEARS 23 MONTHS 3 DAYS 11 If LESS than 1 day, hrs. 15 or min.

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) Missouri

MOTHER 13. NAME Loren C. Irby

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Lally Butler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Clark J. Elliott
539 Stonewall East

18. BURIAL, CREMATION, OR REMOVAL PLACE Marionville, Mo. DATE 1-9-33

19. UNDERTAKER (ADDRESS) Mrs. O. L. Foster
R. C. Mt.

20. FILED 1-8-33 M. M. Cove Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 7 1933

22. I HEREBY CERTIFY That I attended deceased from Jan 20 1932 to Jan 7 1933
I last saw h. or alive on Jan 7 1933. Death is said to have occurred on the date stated above, at 11:57 p.m.
The principal cause of death and related causes of importance were as follows:
142B
129
Acute Peritonitis
Other contributory causes of importance:
Ruptured Ectopic Pregnancy about a Month
Name of operation 142B Date of Jan 3/33
What test confirmed diagnosis? Chrom. 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? _____
If so, specify _____
(Signed) Gen J. Overy M. D.
(Address) 2801 Plaza R. C. Mt.

