

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

Do not use this space.

1. PLACE OF DEATH **85**
 County Buchanan Registration District No. **1001**
 Township St. Joseph, Mo. Primary Registration District No. **1001**
 City St. Joseph, Mo. (No. 1022 Angelique) Registered No. **19005**
 St. 1022 Ward **652**

2. FULL NAME Jessie Carson Elliott
 (a) Residence, No. 1022 Angelique 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 Ray A. Elliott

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 16, 1886

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	47	2	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) St. Joseph,
 (STATE OR COUNTRY) Missouri

13. NAME Clay Carson

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

15. MAIDEN NAME Frances Slaughter

16. BIRTHPLACE (CITY OR TOWN) Wathena,
 (STATE OR COUNTRY) Kansas

17. INFORMANT Ray A. Elliott
 (ADDRESS) St. Joseph, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE July 3, 1933

19. UNDERTAKER Eleeman Funeral Home, Inc.
 (ADDRESS) St. Joseph, Missouri

20. FILED 6-30-33 19 John R. Bender, Jr.
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30, 1933

22. I HEREBY CERTIFY That I attended deceased from March 1, 1933 to June 30, 1933
 I last saw h. or alive on June 15, 1933. Death is said to have occurred on the date stated above, at 5:00 A.M.
 The principal cause of death and related causes of importance were as follows:
Recurrent Carcinoma of Breast Date of onset 50

Other contributory causes of importance: _____

Name of operation Radical Removal of Breast Date of April 10, 1933
 What test confirmed diagnosis? Rebiopsy Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury _____, 19____
 Where did injury occur? none (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none
 Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify As
 (Signed) Forrest Thomas
 (Address) 801 1/2 Olive

MARGIN RESERVED FOR BINDING

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.

JUL 20 1933

D. D.

