

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

Do not use this space.

22675

1. PLACE OF DEATH
 27 County Cooper Registration District No. 218
 2 Township _____ Primary Registration District No. 3015
 4 City Brownville (No. _____) St. _____ Ward _____

2. FULL NAME Lewis 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 Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS 73 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

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

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) Unknown

FATHER 13. NAME Unknown

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

MOTHER 15. MAIDEN NAME Unknown

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

17. INFORMANT Richard Elliott

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE July 20 1933

19. UNDERTAKER Goodman & Bolley

20. FILED 7/20 1933 D. W. Boyer Registrar.

MEDICAL CERTIFICATE OF DEATH

4 21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17th 1933

22. I HEREBY CERTIFY that I attended deceased from July 6 1933 to July 17 1933
 I last saw him alive on July 17 1933 Death is said to have occurred on the date stated above, at 7:30 p.m.

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

Pneumophrosis Date of onset ?
9:30
1:33 p.m.
9:30
 Other contributory causes of importance:
Myocarditis ?
Septicemia ?
General debility

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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? No
 If so, specify _____
 (Signed) George Warren Timm, M. D.
 (Address) Van Ravenswaay Clinic
Brownville, 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.

AUG 23 1933

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WHITE PAPER WITH UNFADING INK—THIS IS A PERMANENT RECORD

