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

Do not use this space.

1. PLACE OF DEATH
County St Clair — Registration District No. 1123 — File No. 37840
Township Carondelet — Primary Registration District No. 62485 — Registered No. 358
City ..... (No. 1st St Rose Hospital St. ..... Ward)

2. FULL NAME Dean June Elliott
(a) Residence. No. Alton Ill 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: M.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 9 1901
7. AGE: YEARS 32. MONTHS 9 DAYS 12. If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None —
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madora Ill.

PARENTS
10. NAME OF FATHER Lewis Walter Elliott
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Madora Ill.
12. MAIDEN NAME OF MOTHER Ida May Elliott
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Fidelity Ill.

14. INFORMANT Lewis Walter Elliott
(Address) Alton Ill.
15. FILED Nov. 21 1933 L. C. Obrock M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 21 1933
17. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1933, to Nov 21, 1933 that I last saw him alive on Nov. 20, 1933, and that death occurred, on the date stated above, at 5 40 A m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic pulmonary tuberculosis
(duration) 6 yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) Chronic myocarditis
(duration) ..... yrs. 6 mos. ..... ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH —
DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Lab. & X ray
(Signed) John B. Devine MD, M. D.
11/21, 1933 (Address) 9101 So. Broadway

*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: Madora Ill — DATE OF BURIAL: Nov. 23 1933
20. UNDERTAKER: Bauer Hachu — ADDRESS: Alton Ill

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.