

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

Do not use this space.

2231

FEB 27 1934

PLACE OF DEATH

County Ralls
Township Saline
City..... (No.....) St..... Ward.....

Registration District No. 930
Primary Registration District No. 5762

File No.....
Registered No.....

2. FULL NAME

Jamer Benedict 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 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Rebecca A. Elliott</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March-26-1858</u>		
7. AGE	YEARS <u>75</u>	MONTHS <u>10</u>
	DAYS <u>24</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer.</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>	
	10. Date deceased last worked at this occupation (month and year) <u>✓</u>	11. Total time (years) spent in this occupation <u>✓</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ralls Co. Missouri</u>		
FATHER	13. NAME <u>Steven Elliott</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Savilla A. Manning</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
17. INFORMANT <u>Wro. W. M. Watts</u> (ADDRESS) <u>Adventist Mission</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Jude Semelary</u> DATE <u>Jan-21-34</u>		
19. UNDERTAKER <u>Wilson & Son</u> (ADDRESS) <u>Minor City Mo</u>		
20. FILED <u>1/20</u> 19 <u>34</u> <u>J. H. Floyd</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan-19-1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 31 1933 to Jan 18 1934
I last saw him alive on Jan 18 1934 Death is said to have occurred on the date stated above, at 2 A. m.
The principal cause of death and related causes of importance were as follows:
Influenza and Lobar Pneumonia
Date of onset Dec 28 1933

Other contributory causes of importance:
11A
100

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 1934
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) W. H. P. P. P., M. D.
(Address) Minor City Mo

WHITE PAPER, 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.

