

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

Do not use this space.

5644

1. PLACE OF DEATH ^{MADE 9-4 1934}

County Linn
Township Jackson
City Waverly (No. 1)

Registration District No. 508
Primary Registration District No. 3026

File No.
Registered No. 34
St. Ward)

2. FULL NAME Florence M. 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. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</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>Arthur P. Elliott</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 29 1879</u>		
7. AGE YEARS <u>54</u>	MONTHS <u>8</u>	DAYS <u>6</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 28 - 1934
22. I HEREBY CERTIFY, That I attended deceased from Sept 2 - 1932 to Feb. 28 - 1934
I last saw her alive on Feb. 1 - 1934. Death is said to have occurred on the date stated above, at 3:30 a.m.
The principal cause of death and related causes of importance were as follows:

Tuberculosis (Pulmonary)
2:30

Other contributory causes of importance were as follows:

23

MOTHER FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Newton Iowa</u>
	13. NAME <u>George W. Blair</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>
	15. MAIDEN NAME <u>Marie D. Jack</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>
	17. INFORMANT (ADDRESS) <u>A. P. Elliott</u>
18. BURIAL, CREMATION, OR REMOVAL	PLACE <u>Edgewood</u>
	DATE <u>Mar. 3 - 1934</u>
19. UNDERTAKER (ADDRESS) <u>James D. Gordon</u>	
20. FILED <u>Mar 2 1934</u>	Registrar.

Name of operation Date of
What test confirmed diagnosis C. 1934 micr. called
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) H. S. Dewell, M. D.
(Address) Chelieath 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.

MISSOURI STATE BOARD OF HEALTH

