

DEC 26 1934

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

Do not use this space.

1. PLACE OF DEATH

21 County Chariton Registration District No. 172
Township Murder Primary Registration District No. 5238
City (No. St. Ward)

File No. 38811
Registered No. 18

2. FULL NAME

Virgil Elliston
(a) Residence, No. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maud Elliston

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 18, 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
45 5 29

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) Wheeling W. Va.

13. NAME Charles Elliston

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

15. MAIDEN NAME Mrs. Maud Foster

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT Mrs. Maud Foster (ADDRESS) Wheeling W. Va.

18. BURIAL, CREMATION, OR REMOVAL PLACE Madison DATE Nov. 19, 1934

19. UNDERTAKER Robert Smiley (ADDRESS) Madison W. Va.

20. FILED Nov. 17, 1934 W. D. West Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 17, 1934, to Nov. 17, 1934

I last saw him alive on Nov. 17, 1934 Death is said to have occurred on the date stated above, a.m.

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

9413
Angina Pectoris
duration of outbreak
Other contributory causes of importance: 5 minutes

Date of onset

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?

If so, specify

(Signed) W. D. West, M. D.

(Address) Madison W. Va.

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.

