

WRITE PLAINLY, 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.

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

Do not use this space.

1. PLACE OF DEATH

County Henry Registration District No. 347
 Township Clinton Primary Registration District No. 3018
 City Clinton (No. _____) St. _____ Ward _____

File No. 39207
 Registered No. 61

2. FULL NAME

(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) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Capitolia Williams
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-17-1858
 7. AGE YEARS 76 MONTHS 2 DAYS 1 If LESS than 1 day, hrs. or min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 131
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 131
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 13 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harzen Indiana

MOTHER
 13. NAME Henry B. Elliot

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

15. MAIDEN NAME Armich

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Huntington Indiana

17. INFORMANT (ADDRESS) Ida Grace Borders Ottawa, Kansas

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Englewood DATE 11-20-34

19. UNDERTAKER (ADDRESS) Signs Funeral Home Clinton, Mo.

20. FILED 11-28-34 J. R. Haughey Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-18-1934
 22. I HEREBY CERTIFY, That I attended deceased from 10-15, 1934, to 11-18, 1934
 I last saw him alive on 11-17, 1934 Death is said to have occurred on the date stated above, at 1:40 p.m.
 The principal cause of death and related causes of importance were as follows:

Date of onset
Pneumonia - 11/15/34
Chronic Salusphae nephritis
Several year duration
 Other contributory causes of importance:
enlarged prostate
 Name of operation none Date of _____
 What test confirmed diagnosis Culture 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 _____
 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) J. D. Wolke M.D., M. D.
 (Address) Clinton, Mo.

