DEC 13 1934

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

Do not use this space.

40654

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1017 Registered No. 10574

City ..... (No. St. Lukes Hospital St. ..... Ward)

2. FULL NAME Ralph Elliott

(a) Residence, No. Bellgrade Mo NR Ward. (If nonresident, give city or town and State)
(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.

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) Oct 27-1915

7. AGE abt 19 YEARS MONTHS 0 DAYS 4 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Missouri

FATHER
13. NAME Charles Elliott
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Steelville Mo

MOTHER
15. MAIDEN NAME Minnie Woods
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Steelville Mo

17. INFORMANT (ADDRESS) Chas Elliott Bellgrade Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty Cem DATE 11-4 1934 Steelville Mo

19. UNDERTAKER (ADDRESS) Sparks and Sparks Potosi Mo

20. FILED NOV -2 1934 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 6:40 p.m.

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

Fracture of Skull
Mercranial Hemorrhage
Left Side Epidural
Laceration of Brain

Date of onset

Other contributory causes of importance: (Homicide) 175

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? Homicide Date of injury 10/30/34
Where did injury occur? Bellgrade Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Place
Manner of injury Struck on head with blunt instrument
Nature of injury Fracture of Skull

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature], Mo.
(Address) Deputy Coroner

11/2/34

...ation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state ... in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

...WITH UNFADING INK—THIS IS A PERMANENT RECORD