

DEC 21 1934

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

Do not use this space.

## 1. PLACE OF DEATH

County Haskell  
Township Liberty  
City Liberty (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 987  
Primary Registration District No. 6.181

File No. 41763  
Registered No. \_\_\_\_\_

## 2. FULL NAME

John 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. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>m</u>	4. COLOR OR RACE <u>w.</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>Fred Todd</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>4/8/1864</u>		
7. AGE	YEARS	MONTHS
	<u>68</u>	<u>7</u>
		DAYS
		<u>20</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>Farming</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.
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Potosi, Mo</u>		
MOTHER	13. NAME <u>Joseph Elliott</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
	15. MAIDEN NAME <u>Carrie Ann Wright</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
17. INFORMANT (ADDRESS) <u>Bert Elliott</u> <u>McLata Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Pleasant Hill</u> DATE <u>11/30</u> 19 <u>34</u>		
19. UNDERTAKER (ADDRESS) <u>J B Boyer</u> <u>Potosi Mo</u>		
20. FILED <u>Dec 1</u> 19 <u>34</u> <u>G. F. Cheswell</u> Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)	<u>11-28</u>	19 <u>34</u>
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 <u>7:30 p.m.</u>		
The principal cause of death and related causes of importance were as follows: <u>Carcinoma Lung</u> <u>415</u> <u>11</u>		
Other contributory causes of importance: _____		
Name of operation _____ Date of _____		
What test confirmed diagnosis? _____ Was there an autopsy? _____		
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) <u>Ed. Russell</u> , M. D. (Address) <u>Potosi, Mo.</u>		

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.

WHITE CARBON, WITH IMPAGING INK—THIS IS A PERMANENT RECORD

