

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.

JAN 8 1935

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

Do not use this space.

41837

1. PLACE OF DEATH

County Andrew  
Township Benton  
City Rosendale (No. ....)

Registration District No. 9  
Primary Registration District No. 5012

File No. 179  
Registered No. 179  
St. .... Ward)

2. FULL NAME Mrs. Sarah May 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 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clarence Elliott

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan-30-1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
50 10 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) unknown  
(STATE OR COUNTRY) Montana

13. NAME John Armstrong

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

15. MAIDEN NAME unknown

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

17. INFORMANT Clarence Elliott  
(ADDRESS) Rosendale Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Salem, Modenas Co DATE Dec-24- 1934

19. UNDERTAKER Fred Terhune  
(ADDRESS) Savannah Mo

20. FILED Dec 24 1934 J W Carson  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 23 1934

22. I HEREBY CERTIFY, That I attended deceased from May 1933 to Dec 23 1934.  
I last saw her alive on Dec 23 1934. Death is said to have occurred on the date stated above, at ..... m.

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

Pulmonary Tuberculosis  
23  
Other contributory causes of importance: 23

Date of onset May 1933

Name of operation none Date of .....  
What test confirmed diagnosis? infected 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 none  
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify .....

(Signed) U R Wilson, M. D.  
(Address) Rosendale Mo

