

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

Do not use this space.

MAR 15 1935

7352

1. PLACE OF DEATH

County .....  
Township .....  
City St. Louis

Registration District No. 791  
Primary Registration District No. 1003  
(No. St. Johns Hospital)

File No. ....  
Registered No. 1777  
St. .... Ward)

2. FULL NAME Nancy K. Elliott

(a) Residence, No. 3330 Cambridge Ave. N.R. Ward. Maplewood Mo.  
(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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 21, 1935

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

22. I HEREBY CERTIFY, That I attended deceased from Feb. 13, 1935, to Feb 21st, 1935

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-2-1884

I last saw her alive on Feb 20th, 1935. Death is said to have occurred on the date stated above, at 3:12 p.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
50 6 19

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

Agranulo-cytosis. Date of onset 2/13/35

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

Other contributory causes of importance: General septicemia 2/18/35

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) St. Louis Mo. (STATE OR COUNTRY)

13. NAME Thomas Dunville

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

15. MAIDEN NAME Lucile Bridges

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

17. INFORMANT Mrs. L. L. Linder (ADDRESS) 4573 1/2 Grand

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Lebanon Cem. DATE Feb 21 3, 1935

19. UNDERTAKER Alvander & Sons (ADDRESS) 617 S. Delmar

20. FILED 5661 87 875 J. P. Bredeck Registrar.

Name of operation none! Date of ..... What test confirmed diagnosis? Blood count Was there an autopsy? yes.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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? no If so, specify .....

(Signed) Wm. Crossland, M. D. (Address) 3500 Cambridge Maplewood Mo.

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.

RECORDS DEPARTMENT MISSOURI STATE BOARD OF HEALTH

