

100 22 1935

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

Do not use this space.

9831

1. PLACE OF DEATH  
 14 County Maxion Registration District No. 547  
 Township Maxion Primary Registration District No. 3079  
 City Hannibal (No. 2402 Market) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 Registered No. 84

2. FULL NAME Sarah J. Elliott  
 (a) Residence, No. 2402 Market 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo. M.  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12 1852  
 7. AGE YEARS 82 MONTHS 8 DAYS 2 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired  
 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) MO  
 FATHER 13. NAME Robert O'Brien  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky  
 MOTHER 15. MAIDEN NAME Emma Seake  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO  
 17. INFORMANT Mrs. J. C. McFee  
 (ADDRESS) 2402 Market St Hannibal, MO  
 18. BURIAL, CREMATION, OR REMOVAL PLACE St. Paul Perry MO DATE 3/16/35 19.  
 19. UNDERTAKER James O'Donnell  
 (ADDRESS) Hannibal  
 20. FILED Mar 18 1935 Ch. Schuster Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 14 1935  
 22. I HEREBY CERTIFY, That I attended deceased from Jan 12 1935 to Jan 12 1935  
 I last saw h. or alive on Jan 12 1935 Death is said to have occurred on the date stated above, at 9 P m.  
 The principal cause of death and related causes of importance were as follows:  
Carcinoma of Pancreas Date of onset \_\_\_\_\_  
46  
 Other contributory causes of importance: Senility  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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 \_\_\_\_\_  
 Nature of injury \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) O. B. Blue M. D.  
 (Address) Hannibal 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.

MISSOURI STATE BOARD OF HEALTH—VITAL STATISTICS—DEPARTMENT RECORD

