

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
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

APR 24 1935

10041

1. PLACE OF DEATH

County Oregon Registration District No. 636
 Township Piney Primary Registration District No. 5844
 City (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 6

2. FULL NAME

Mary Elliott

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? _____ yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Henry Elliott
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 7 1876
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
58 3 24

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

13. NAME John L Curtis

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

15. MAIDEN NAME Mary J Curtiss

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

17. INFORMANT Mrs. Phi Martin
 (ADDRESS) Alton Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Cave Spring. DATE 3/2/35 19

19. UNDERTAKER Phi Martin acting
 (ADDRESS) _____

20. FILED 3/2 1935 Ernoch Bailey
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 1 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from Sometime in 1930, by Mar 1, 1935
 I last saw her alive on Feb 22, 1935. Death is said to have occurred on the date stated above, at 1.00 P
 The principal cause of death and related causes of importance were as follows:

Rheumatism
23
 Other contributory causes of importance:
Tuberulous of lungs

Name of operation none Date of _____
 What test confirmed diagnosis General 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? no
 If so, specify _____
 (Signed) J. B. Harest, M. D.
 (Address) Alton mo

