

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.

JUN 3 1935

17434

1. PLACE OF DEATH  
 County Platte Registration District No. 698  
 Township Weston Primary Registration District No. 4420  
 City Weston (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Sarah Mildred Elliston  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

|   |                                  |   |
|---|----------------------------------|---|
| 3. SEX<br><u>Female</u>   | 4. COLOR OR RACE<br><u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Widow</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  |                                  |   |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 20 1857</u>  |                                  |   |
| 7. AGE YEARS<br><u>84</u>   | MONTHS<br><u>3</u>               | DAYS<br><u>11</u>   |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.<br><u>at home</u> |                                  | If LESS than 1 day, _____ hrs. or _____ min.                              |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.                            |                                  | 11. Total time (years) spent in this occupation <u>✓</u>                  |
| 10. Date deceased last worked at this occupation (month and year) <u>✓</u>                                    |                                  |   |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Corbin, Ky</u>   |                                  |   |
| 13. NAME <u>Jas D Jones</u>   |                                  |   |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Kentucky</u>   |                                  |   |
| 15. MAIDEN NAME <u>not known</u>  |                                  |   |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Ky</u>   |                                  |   |
| 17. INFORMANT <u>Mrs U. N. Elliston</u><br>(ADDRESS) <u>Kansas City Mo</u>                                    |                                  |   |
| 18. BURIAL, CREMATION, OR REMOVAL<br>PLACE <u>Hawkins Cem</u> DATE <u>May 2 1935</u>                          |                                  |   |
| 19. UNDERTAKER <u>J N Brill</u><br>(ADDRESS) <u>Weston Mo</u>   |                                  |   |
| 20. FILED <u>5/2 1935</u> <u>J N Brill</u><br>Registrar.  |                                  |   |

**MEDICAL CERTIFICATE OF DEATH**

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

22. I, J. D. Jones, HEREBY CERTIFY, That I attended deceased from Wys last seen alive was Apr 30 1935 between has occurred 19 Death is said to have occurred on the date stated above during the night. The principal cause of death and related causes of importance were as follows:  
found dead in bed  
no medical attention  
lived alone  
 Date of onset \_\_\_\_\_

Other contributory causes of importance:  
J. D. Jones

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 J N Brill Local Registrar M. D.  
 (Signed) J N Brill  
 (Address) Weston Mo

