

MAR 25 1936

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

Do not use this space.

1. PLACE OF DEATH

County Stoddard
Township Liberty
City Near Bernice (No. St. Ward)

Registration District No. 836
Primary Registration District No. 6098a

File No. 12
Registered No. 12

8867

2. FULL NAME

(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)

Mar Herbert Elliott

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Chief</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 10 1933</u>		
7. AGE YEARS <u>2</u>	MONTHS <u>9</u>	DKYS <u>11</u>
If LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Child</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>..</u>
	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) Hopely County Mo.

13. NAME Emerald Elliott

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wayne Co. Ill. Mo.

15. MAIDEN NAME May Whitehead

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hopely Co. Mo.

17. INFORMANT Emerald Elliott
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Beltham DATE 2-22 1936

19. UNDERTAKER Lucy Hoskins
(ADDRESS) Bernice Mo.

20. FILED Feb 10, 1936 D. Florence Allen
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1936, to Feb. 21, 1936

I last saw him alive on Feb. 21, 1936 Death is said to have occurred on the date stated above, at 4:00 p.m.

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

Bronchial Pneumonia Date of onset 2/19/36

Other contributory causes of importance:
Common Cold

Name of operation

What test confirmed diagnosis?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?

Where did injury occur?

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) R. W. Culney, M. D.

(Address) Bernice 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.

