

MAY 19 1936

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

Do not use this space.

14416

## 1. PLACE OF DEATH

County Carroll  
Township Wakarusa  
City Wakarusa (No. \_\_\_\_\_)

Registration District No. 135  
Primary Registration District No. 5193

File No. \_\_\_\_\_  
Registered No. 48  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Betty Jane Elliot

(a) Residence No. \_\_\_\_\_ 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

3. SEX J 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF X X XX

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-7-1932

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
4 1 25

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

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

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) Carroll Co Mo

13. NAME James T. Elliot

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Seattle 200

15. MAIDEN NAME Vesta Horsworth

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

17. INFORMANT (ADDRESS) James T. Elliot

18. BURIAL, CREMATION, OR REMOVAL PLACE Salmon Cove DATE 4/4 35

19. UNDERTAKER (ADDRESS) Wells Funeral Home  
Carroll Co Mo

20. FILED 4-3 1936 Walter Haskins Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-2-1936

22. I HEREBY CERTIFY, That I attended deceased from March 12 1936 to April 1st 1936

I last saw him or alive on April 1 1936 Death is said to have occurred on the date stated above, at 2 a. m.

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

Labor Pneumonia  
Caused by Influenza

Other contributory causes of importance:

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 \_\_\_\_\_  
(Signed) W. Hamilton Stinson, M. D.  
(Address) Carroll Co 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.

