

MAY 25 1936

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

Do not use this space.

16370

## 1. PLACE OF DEATH

County ShannonRegistration District No. 677Township RoyalPrimary Registration District No. #403City RoyalRoyal Hospital

File No. \_\_\_\_\_

Registered No. 45

St. \_\_\_\_\_ Ward)

2. FULL NAME Minnie Viola Elliott(a) Residence, No. Royal, Mo. 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 M 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ervin Elliott6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 21 19137. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 22 9 228. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Sucama Mo13. NAME Bert Leonard14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sucama Mo15. MAIDEN NAME Hattie Deem16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sucama Mo17. INFORMANT (ADDRESS) Mrs. B. Leonard Sucama Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Lake Springs DATE April 15 3619. UNDERTAKER (ADDRESS) W. H. & Son Royal Mo20. FILED April 15 1936 Jos. F. Ryan Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 13, 193622. I HEREBY CERTIFY, That I attended deceased from March 19, 1936, to April 13, 1936I last saw her alive on April 13, 1936 Death is saidto have occurred on the date stated above, at 2:45 P.M.

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

Illness of Bowels149 3Other contributory causes of importance: Child BirthName of operation Delivery Date of MARCH 19 36What test confirmed diagnosis? Cholera 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) William H. Breun, M. D.(Address) St. James, MissouriDate of onset  
4-8-363-31-36

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.

