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

JUN 7 1936

Do not use this space.

18885

1. PLACE OF DEATH Clay
County Clay
Township Gallatin
City (No. St. Ward)

Registration District No. 197
Primary Registration District No. 5276

File No.
Registered No.

2. FULL NAME William B. Elliott
(a) Residence, No. North Kansas City R#5 St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mina Elliott

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 25-1862

7. AGE YEARS 73 MONTHS 7 DAYS 1 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer for self
10. Date deceased last worked at this occupation (month and year) 2 yrs.
11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Andrew Co Mo.

FATHER
13. NAME Aaron Elliott
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER
15. MAIDEN NAME Annie M. Enlow
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

17. INFORMANT (ADDRESS) H. B. Elliott R#2 Liberty Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Missouri City Mo DATE 5/28 1936 Missouri City Cem

19. UNDERTAKER (ADDRESS) Church - Archer Co Liberty Mo

20. FILED May 27 1936 Viola C. Moyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 19, 1936, to May 26, 1936
I last saw him alive on May 25, 1936. Death is said to have occurred on the date stated above, at 8 A m.
The principal cause of death and related causes of importance were as follows:

Strangulated Hernia

Date of onset

Other contributory causes of importance

Name of operation Date of
What test confirmed diagnosis? None 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?
If so, specify
(Signed) W. Keith Enlow, M. D.
(Address) Liberty Mo.