

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

JUN 7 1936 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

18937

1. PLACE OF DEATH *Clinton* Registration District No. *8*
 County *Clinton* Primary Registration District No. *5288*
 Township *Nardin* City (No. *1*) St. *Clinton* Ward *1*

2. FULL NAME *Lizzie M Elliott*
 (a) Residence, No. *101* St. *Clinton* Ward. *1*
 (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

MEDICAL CERTIFICATE OF DEATH

3. SEX *Female* 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 *C. C. Elliott*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 25 1876*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
59 9 28

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

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) *Dayton, Ohio*

13. NAME *James H. Thomas*

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

15. MAIDEN NAME *Lizabith Owens*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Clinton, Mo*

17. INFORMANT (ADDRESS) *C. C. Elliott, 101 N. 1st St., Clinton, Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Clinton, Mo* DATE *May 25, 1936*

19. UNDERTAKER (ADDRESS) *D. A. Moore, Clinton, Mo*

20. FILED *May 26 1936* *Miss Sela Shackelford* Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 23 1936*

I HEREBY CERTIFY, That I attended deceased from *April 15 1936* to *May 23 1936*
 Last seen & alive on *May 2 1936* Death is said to have occurred on the date stated above, at *7:45 p.m.*

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

Other contributory causes of importance:
Arteriosclerosis
Hypertension

Name of operation *none* Date of *none*
 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 homicidal *None* Date of injury *None*
 Where did injury occur *None* (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury *None*
 Nature of injury *None*

24. Was disease or injury in any way related to occupation of deceased? *No*
 If so, specify *None*

(Signed) *C. C. Shelman, M. D.*
 (Address) *Clinton, Mo*

