

JUN 23 1936

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

Do not use this space.

19835

1. PLACE OF DEATH

County Gasper Registration District No. 417
Township Apple Primary Registration District No. 3021
City Webb City (No. _____) St. _____ Ward _____

File No. _____
Registered No. 63

2. FULL NAME

John A Elliot

(a) Residence, No. 419 S Newton St. Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 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 American 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Laura Elliot

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-2-1868

7. AGE YEARS 68 MONTHS 1 DAYS 19 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
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) Ballou Ohio

FATHER 13. NAME Joe A. Elliot

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

MOTHER 15. MAIDEN NAME Elizabeth Peach

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

17. INFORMANT Laura Elliot (wife)
(ADDRESS) Webb City, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Webb City Cemetery DATE May 31 1936

19. UNDERTAKER Helge-Nelson Funeral Home
(ADDRESS) Webb City, Mo

20. FILED 5-31 1936 J. K. Cleving
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/29/36 .19

22. I HEREBY CERTIFY, That I attended deceased from Apr 1, 1936, to May 29, 1936.
I last saw him alive on May 27, 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:

Hodgkin's disease
726
Other contributory causes of importance:
Broncho pneumonia

Name of operation none Date of _____
What test confirmed diagnosis? Clinical 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) W. W. Purser M. D.
(Address) 314 Trisco Bldg
Joplin, Mo.

WHITE PAPER, 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.

Hermit.