JUL 2 1936

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

Do not use this space.

22256

1. PLACE OF DEATH

County Carroll — Registration District No. 135 — File No.

Township Carrollton — Primary Registration District No. 3010 — Registered No. 69

City Carrollton (No. , St. Ward)

2. FULL NAME Horace G. Elliott

(a) Residence, No. St., Ward. Keytesville, Mo
(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: 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: Helen Elliott

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 9, 1895

7. AGE: YEARS 41 — MONTHS 6 — DAYS 13 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. State Bank Examiner
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): Keytesville, Mo

FATHER

13. NAME: H. N. Elliott
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Keytesville, Mo

MOTHER

15. MAIDEN NAME: Martha Brooks
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Keytesville, Mo

17. INFORMANT (ADDRESS): H.N.Elliott Keytesville, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Keytesville, Mo DATE June 26, 1936

19. UNDERTAKER (ADDRESS): Hyde & Garnett, Keytesville, Mo

20. FILED 6-24-, 1936 Ruth Haskins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 24th, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 24th, 1936, to June 24th, 1936
I last saw him alive on June 24th, 1936 Death is said to have occurred on the date stated above, at 11: A.M.
The principal cause of death and related causes of importance were as follows:

Aortic Regurg — Date of onset

Cardiac Metatoxin

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) [signature], M. D.
(Address) Carrollton, Missouri

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.

100M-3-28-35

MAR 11 1948