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

AUG 21 1936

Do not use this space.

26992

1. PLACE OF DEATH

County Jasper — Registration District No. 408 — File No.

Township — Primary Registration District No. 3020 — Registered No.

City Carthage (No. , St. Ward)

2. FULL NAME Mary Clark Elliott

(a) Residence, No. 1206 Olive St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 24, 1869

7. AGE: YEARS 66 — MONTHS 9 — DAYS 18 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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) Orrick Missouri

FATHER
13. NAME — Clark
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown "

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " "

17. INFORMANT (ADDRESS) John Elliott 1206 Olive - Carthage

18. BURIAL, CREMATION, OR REMOVAL
PLACE Purcell Cem. DATE July 14, 1936

19. UNDERTAKER (ADDRESS) Knell Mortuary Carthage Missouri

20. FILED July 14, 1936 L. B. Clinton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1936, to July 12, 1936
I last saw h. Tr. alive on July 1, 1936. Death is said to have occurred on the date stated above, at 10:45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Stomach	1934

Other contributory causes of importance: 46

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? No
If so, specify
(Signed) R. N. Webster, M. D.
(Address) Carthage Mo

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.

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