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.

OCT 21 1936

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

Do not use this space.
37199

1. PLACE OF DEATH
County Dallas
Township Grant
City Louisburg (No. ..... St. ..... Ward)

Registration District No. 942
Primary Registration District No. 5295

File No.
Registered No.

2. FULL NAME Baby Elliott

(a) Residence, No. ..... St., ... Ward. .....
(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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-9-1936

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

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Dallas Co.
(STATE OR COUNTRY) Mo

FATHER
13. NAME Alma Elliott
14. BIRTHPLACE (CITY OR TOWN) Ozarks Co
(STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME Jewell Barclay
16. BIRTHPLACE (CITY OR TOWN) Dallas Co.
(STATE OR COUNTRY) Mo.

17. INFORMANT Alma Elliott
(ADDRESS) Louisburg Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Louisburg Mo DATE 10-10 1936

19. UNDERTAKER L. B. Jones
(ADDRESS) Buffalo Mo.

20. FILED ..... 19..
W. E. Sammon
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-9 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-9, 1936, to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

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) Claude O. Sammon, M. D.
(Address) Buffalo Mo.