WHITE PLANET, 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.

NOV 27 1936

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

Do not use this space.

37451

1. PLACE OF DEATH
County Grundy — Registration District No. 329 — File No.
Township Marion — Primary Registration District No. 5454 A — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME William Clyde Elliott.
(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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~~ Vada Elliott
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-25-1879
7. AGE: YEARS 56 — 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. Farmer
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) Morgan Co Ohio

FATHER
13. NAME Isaac Elliott
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan Co Ohio

MOTHER
15. MAIDEN NAME Esther Harkins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan Co Ohio.

17. INFORMANT (ADDRESS) Otho Elliott Trenton Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Rural Dale DATE Oct 14 1936
19. UNDERTAKER (ADDRESS) E J Robertson Laredo Mo
20. FILED Oct. 17 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 12, 1936
22. I HEREBY CERTIFY, That I attended deceased from Feby 1, 1934, to Oct 12, 1936
I last saw him alive on Oct 12, 1936. Death is said to have occurred on the date stated above, at 10 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral regurgitation with General Anasarca	1934

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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) E J Mann M. D.
(Address) Trenton Mo