

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

Do not use this space.

DEC 4 1936

40184

1. PLACE OF DEATH

County Washington
 Township Potosi
 City Potosi (No. _____)

Registration District No. 887
 Primary Registration District No. 6179

File No. _____
 Registered No. _____ St. _____ Ward _____

2. FULL NAME Police Gene 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 M 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) June 17 1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
2 4 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased first worked at this occupation (month and year) _____
 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Potosi Mo

13. NAME Lawrence Elliott

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Potosi Mo

15. MAIDEN NAME Virginia Skager

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Potosi Mo

17. INFORMANT (ADDRESS) Lawrence Elliott

18. BURIAL, CREMATION, OR REMOVAL PLACE Potosi DATE Oct 19 1936

19. UNDERTAKER (ADDRESS) Sparks

20. FILED Oct 28 1936 GF Cozance Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 17 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 15 1936 to Oct 17 1936
 I last saw him alive on Oct 15 1936 Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Acute Nephritis following Colitis

Date of onset

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? No
 If so, specify _____
 (Signed) H. H. Russell, M. D.
 (Address) Potosi Mo

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.

