

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

Do not use this space.

MAR 23 1937

1. PLACE OF DEATH

County Moniteau Registration District No. 577
 Township Patoka Primary Registration District No. 5775
 City Lathame (No. _____) St. _____ Ward _____

File No. 7313
 Registered No. 3

2. FULL NAME

Joseph Whamion Elliott
 (a) Residence, No. Lathame St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 57 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 24 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
79 8 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shop

10. Date deceased last worked at this occupation (month and year) 2 years ago 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near Lathame Moniteau Co. Mo.

13. NAME Wm Elliott

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adair Co Kentucky

15. MAIDEN NAME Emma Nelson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT W. H. Elliott (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Higdon Cemetery DATE Feb 26 1937

19. UNDERTAKER J. M. Wilson & Son (ADDRESS) Estabrook Ave

20. FILED 2-26 1937 Madeline Lathame Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 24 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1937, to Feb 24, 1937. I last saw him alive on Feb 16, 1937. Death is said to have occurred on the date stated above, at 8 P.M.

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

Reluctant Heart trouble (Date of onset) _____
 Other contributory causes of importance: Influenza

Name of operation none 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? no 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 no
 Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____

(Signed) W. H. Elliott, M. D.
 (Address) Burceston 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.

