

MAR 5 - 1937

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

Do not use this space.

1. PLACE OF DEATH

County .....  
Township .....  
City St. Louis, Missouri (No. 500 So. Kingshighway)

Registration District No. 791  
Primary Registration District No. 1003

File No. 8111  
Registered No. 1558  
Ward NR

2. FULL NAME

Ruth Elliott

(a) Residence, No. Festus Missouri St., NR Ward.

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE Wht 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) American

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-3-1937, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from Feb. 2, 1937 to Feb. 3, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-25-1936

I last saw h im alive on Feb. 3, 1937 Death is said to have occurred on the date stated above, at 2:35PM

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min. 6 9

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

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

Date of onset Bronchopneumonia  
Pertussis

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

MOTHER 13. NAME Amos Elliott

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Co. Mo

MOTHER 15. MAIDEN NAME Vietta Collins

FATHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT T. S. Westhoff (ADDRESS) 500 So. Kingshighway

18. BURIAL, CREMATION, OR REMOVAL PLACE Festus, Mo DATE 2 5 11 37

19. UNDERTAKER (ADDRESS) Barnard Funeral Home

20. FILED FEB 4 - 1937 J. Bredeck Registrar.

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? .....  
If so, specify .....

(Signed) Ralph N. Barlow, M. D.  
(Address) 500 So. Kingshighway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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