

MAR 22 1937

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

Do not use this space.

12518

1. PLACE OF DEATH

County Livingston Registration District No. 508
Township Wesport Ridge Primary Registration District No. 5677
City Chula (No. _____) St. _____ Ward _____

File No. _____
Registered No. 48
St. _____ Ward _____

2. FULL NAME

Harriet Ann 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE M. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) not known
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 50

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Joplin, Mo.13. NAME Willie Jones14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) this15. MAIDEN NAME Rebecca Ingle16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.17. INFORMANT Barton Jones (ADDRESS) Chula, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Plum View DATE 3-5 193719. UNDERTAKER E. J. Robertson (ADDRESS) Joplin, Mo.20. FILED March 4, 1937 Cloude H. Dowell, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 3 193722. I HEREBY CERTIFY, That I attended deceased from Feb. 25 1937, to _____ 19____I last saw her alive on Feb. 25 1937. Death is said to have occurred on the date stated above, at 9:15 p.m.

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

Astero sclerosis Date of onset _____Other contributory causes of importance: 97

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) W. L. White M. D.(Address) Chula, 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.

