APR 22 1937

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

Do not use this space.

File No. 12530

Registered No.

1. PLACE OF DEATH

County McDonald

Township Prairie

City Southwest City (No. , St. Ward)

Registration District No. 315

Primary Registration District No. 4311

2. FULL NAME Anna Pitman Elledge

(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 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF James Monroe Elledge

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 2nd 1858

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	78	10	21	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) One Week prior to Death

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gainesville Texas

FATHER

13. NAME William Pittman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gainesville Texas

MOTHER

15. MAIDEN NAME Jane Wheeler

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

17. INFORMANT (ADDRESS) Chas W Elledge, Parsons Kansas

18. BURIAL, CREMATION, OR REMOVAL
PLACE Southwest City Mo Feb 24th 1937

19. UNDERTAKER (ADDRESS) Nichols Bros Southwest City

20. FILED 2/23rd.37 John J Nichols Registrar.

MEDICAL CERTIFICATE OF DEATH 1937

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 23rd 1937

22. I HEREBY CERTIFY, That I attended deceased from February 19th 37, to Feb 23rd 1937

I last saw her alive on February 23rd 1937. 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
Influenza	

Other contributory causes of importance:
Broncho-Pneumonia

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?

If so, specify

(Signed) G. C. Poynor M.D.

(Address) Southwest City Miss

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.