

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

Do not use this space.

APR 22 1937

12553

1. PLACE OF DEATH

County Macon  
Township Edw  
City Atlanta (No. \_\_\_\_\_)

Registration District No. 529  
Primary Registration District No. 5700

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Herschel D 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 14 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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 4, 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Linnin Elliott

22. I HEREBY CERTIFY, That I attended deceased from Feb-17- 1937, to Mar-4- 1937

I last saw him alive on March-14, 1937 Death is said to have occurred on the date stated above, at 1:30 a.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 7th 1860

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
76 5 26

Cerebral Thrombosis  
General Atherosclerosis

Date of onset

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

Other contributory causes of importance  
Senile Dementia - one year standing

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon Ga

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Final Was there an autopsy? No

13. NAME Geo. W. Elliott

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind

15. MAIDEN NAME Cordelia Biswell

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

17. INFORMANT Geo Elliott (ADDRESS) Edw Mo

18. BURIAL, CREMATION OR REMOVAL PLACE La Plata DATE 3-5- 1937

19. UNDERTAKER Wm Woodding (ADDRESS) Atlanta Mo

20. FILED April 8 1937 A. L. Cambr Registrar.

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.

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_ (Signed) A. L. Cambr, M. D.  
(Address) Atlanta Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PARTICULARS showing CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

