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.

MAY 27 1937

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

7

Do not use this space.

1. PLACE OF DEATH
County Lawrence — Registration District No. 467 — File No. 16802
Township Aurora — Primary Registration District No. 4280 — Registered No. 34
City Aurora (No. ..... St. ..... Ward)

2. FULL NAME Ronald Lee Elliott
(a) Residence, No. ..... St., ... Ward. Pennsboro Mo
(Usual place of abode) (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

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Child
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 22, 1933
7. AGE: YEARS 4 — MONTHS — DAYS 16 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
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) Miller Mo

FATHER
13. NAME G. W. Elliott
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unit sey

MOTHER
15. MAIDEN NAME Lora V. Castell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dade Co. Mo

17. INFORMANT (ADDRESS) Pearl Castell
18. BURIAL, CREMATION, OR REMOVAL
PLACE Pennsboro DATE April 8th 1937
19. UNDERTAKER (ADDRESS) A. H. Wallace Billings Mo
20. FILED Apr. 7 1937 R. D. Cowan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 7, 1937
22. I HEREBY CERTIFY, That I attended deceased from March 28, 1937, to April 7, 1937
I last saw him alive on Apr. 7, 1937. Death is said to have occurred on the date stated above, at 3.8 m.
The principal cause of death and related causes of importance were as follows:
Chronic nephritis
general wrapping
Date of onset
Other contributory causes of importance: infected tonsils.
Name of operation name Date of
What test confirmed diagnosis? Clinical 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) R. W. Stuart, M. D.
(Address) Aurora Mo