

AUG 27 1937

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

Do not use this space.

1. PLACE OF DEATH

County Polk, Louisiana  
Township Louisiana, Mo.  
City Louisiana (No. Elberry, Polk Co. Hospital)

Registration District No. 689

File No. 28095

Primary Registration District No. 3023

Registered No. \_\_\_\_\_

2. FULL NAME

(a) Residence, No. Elberry, Mo. St., \_\_\_\_\_ Ward, Elberry, 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. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF T. Homer Elliott

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 5 1898

7. AGE YEARS 39 MONTHS 2 DAYS 27 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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) Lincoln Co. Mo.

13. NAME James Stone

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisiana, Mo.

15. MAIDEN NAME Alice Melan

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

17. INFORMANT Homer Elliott - husband (ADDRESS) Elberry, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Elberry Cem DATE July 4 1937

19. UNDERTAKER H. D. Bradley (ADDRESS) Elberry, Mo.

20. FILED 7-3 1937 J. Calley Jr Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from June 27 1937, to July 2 1937  
I last saw her alive on July 2 1937. Death is said to have occurred on the date stated above, at 3 A.M.

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

Gas Bacillus infection  
1st Ad

Other contributory causes of importance:  
Incomplete abortion  
Subal pregnancy

Name of operation Septerectomy Date of 6-30-37  
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? none 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? No  
If so, specify \_\_\_\_\_  
(Signed) J. Calley Jr M. D.  
(Address) Louisiana, 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.

