

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

Do not use this space.

29157

SEP 10 1937

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis,

(No. De Paul Hospital.)

File No.....

Registered No.....

St.....

Ward)

2. FULL NAME

Wilson Elliott.

(a) Residence, No.....

5715 McPherson Ave. 5

(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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Male. 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 MARGARET Elliott.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug - 7<sup>th</sup> 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
77. - 10.

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. Traveling Salesman

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) Crones, Ireland.

13. NAME Wm Elliott

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

15. MAIDEN NAME (unknown.)

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

17. INFORMANT William Elliott. (ADDRESS) 1517 Armed - Dallas, Texas

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine Cem. DATE Aug. 19<sup>th</sup> 1937

19. UNDERTAKER C. R. Hupton + Sons. (ADDRESS) #444 Olive Street

20. FILED J. Bredeck Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 17<sup>th</sup> 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1937, to Aug 17, 1937

I last saw h. alive on Aug 17, 1937 Death is said to have occurred on the date stated above, at 9:45 A.M.

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

Carcinoma of Stomach  
HOB

Name of operation Gastro-enterostomy Date of 8/19/37  
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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) Robert W. Brantley, M. D.

(Address) 929 University Club Bldg

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.

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