

SEP 20 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County Jasper Registration District No. 408 File No. 30915  
Township Wagon Primary Registration District No. 3020 Registered No. \_\_\_\_\_  
City Carthage (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Laura Adelle Elliott

(a) Residence, No. 1104 Oak St. 3rd Ward. (If nonresident, give city or town and State)  
(Usual place of abode)

Length of residence in city or town where death occurred 27 yrs. mos. 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 James

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 24, 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
72 2 22

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) Rolla Missouri

13. NAME James Bailey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rolla Missouri

15. MAIDEN NAME Mary Snelson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rolla Missouri

17. INFORMANT (ADDRESS) James Elliott Carthage, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE Aug. 18 1937

19. UNDERTAKER (ADDRESS) Small Mortuary Carthage, Mo.

20. FILED Aug. 18, 1937 S. B. Colinton Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-10, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1937, to Aug 15, 1937.

I last saw her alive on Aug 15, 1937. Death is said to have occurred on the date stated above, at 10 m.

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

Ventricular a few minutes after death, have marked on her in the past, a kind of chronic valvular thick.

Date of onset

Other contributory causes of importance:

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 \_\_\_\_\_, 1937

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) H. E. Baker, M. D.

(Address) Carthage 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.

