

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.

DEC 14 1937

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan Registration District No. 85
 Township St. Joseph Primary Registration District No. 1001
 City St. Joseph (Neighborhood - W. 1st + Hall)
 Registered No. 40741
1298

2. FULL NAME

William R. Elliott
 (a) Residence, No. R 7 D # 3 St. Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred 15 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 Wht
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Della Elliott
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27 1862
 7. AGE YEARS 75 MONTHS 3 DAYS 29 If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night Watchman
 9. Industry or business in which work was done, as milk mill, saw mill, bank, etc. Furness-Wyatt + Hall
 10. Date deceased last worked in this occupation (month and year) Nov 26 1937 Total time (years) spent in this occupation 14

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DeKalb Co
Mo.

13. NAME H. C. Elliott

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

15. MAIDEN NAME Catherine Ruskin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

17. INFANT (ADDRESS) Mrs. Della Elliott
St. Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL Interment P. K. Co. DATE 11-29-37

19. UNDERTAKER (ADDRESS) St. Joseph General Home
St. Joseph Mo.

20. FILED 11-26-37 H. J. Woodruff
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 26 1937
viewed

22. I HEREBY CERTIFY, That I attended deceased from Nov, 26th, 1937, to , 19 .

I last saw h..... alive on , 19 . Death is said to have occurred on the date stated above, at m.
 The principal cause of death and related causes of importance were as follows:

Acute Coronary Thrombosis

Other contributory causes of importance:

Sclerosis

Arterio

Name of operation..... Date of.....

What test confirmed diagnosis? History Was there an autopsy? NO

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? no

If so, specify.....

(Signature) B. W. Tadlock - Coroner, M. D.

(Address) King Hill Bldg

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