

DEC 2 11937

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

Do not use this space.

## 1. PLACE OF DEATH

County Johnson  
Township  
City Warrensburg (No. \_\_\_\_\_)Registration District No. 431  
Primary Registration District No. 3023File No. 41677  
Registered No. 124  
St. \_\_\_\_\_ Ward \_\_\_\_\_2. FULL NAME Walter Murle Elliott(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Florence Elliott6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June-19-18897. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
35 48 5 58. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

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) Sedalia, Mo.13. NAME Richard Elliott14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sedalia, Mo.15. MAIDEN NAME Nannie Neil16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Copper Co., Mo.17. INFORMANT (ADDRESS) Florence Elliott, Sedalia18. BURIAL, CREMATION, OR REMOVAL PLACE Sedalia, Cem DATE Nov-26-193719. UNDERTAKER (ADDRESS) Sweeney Phillips, Warrensburg, Mo.20. FILED Nov. 25 1937 Earl Spentley Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 24, 193722. I HEREBY CERTIFY, That I attended deceased from Nov 24th, 1937, to Nov 24th, 1937. I last saw him alive on Nov 24th, 1937. Death is said to have occurred on the date stated above, at 4 P m.

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

Cerebral Hemorrhage  
Central in region  
of Speech Center  
Date of onset 3 Pm Nov 24

Other contributory causes of importance:

Name of operation None Date of \_\_\_\_\_What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? W23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? W 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 No injury  
Nature of injury \_\_\_\_\_24. Was disease or injury in any way related to occupation of deceased? W

If so, specify \_\_\_\_\_

(Signed) John T. Anderson M. D.  
(Address) Warrensburg, 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.

