FEB 12 1938

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

974
Do not use this space.

1. PLACE OF DEATH Homer G Phillips Hospital

(a) County ..... Registration District No. 791

(b) Township ..... Primary Registration District No. 1003 Registered No. 830

(c) City St. Louis (d) Street No. 2601 N Whittier St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred 20 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Elliott 430

(a) Residence, No. 2319 Pine St. 21
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
F	C	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 16, 1868

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
69	10	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. nil
9. Industry or business in which work was done, as 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) Kentucky

FATHER
13. NAME Tom Tinker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Trigg Co-Ky.

MOTHER
15. MAIDEN NAME Lucy Baker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Trigg Co-Ky

17. INFORMANT Evelyn Hilliard
(ADDRESS) 2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenwood DATE 1-28 1938

19. FUNERAL DIRECTOR Peoples Mutual Burial Ass'n
(ADDRESS) 3100 Franklin Ave

20. FILED JAN 24 1938 J. F. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 20 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 13, 1938, to Jan. 20, 1938
I last saw her alive on Jan. 20, 1938 Death is said to have occurred on the date stated above, at 6:55p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1/13/38

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? clinical 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 yes, specify .....

(Signed) A. L. Lewis, M. D.
(Address) 2601 N Whittier

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, Henry Goodin, Licensed Embalmer No. 3050

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Henry Goodin

L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Henry Goodin

Licensed Embalmer No. 3050

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

BC

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of .....

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 974-38
Local Registrar's No. 830

On this ..... day of ....., 194...., before me appears .....
....., who, upon ..... oath, states that the original record of birth/death for Mary Elliott ~~died~~/born 1-20-1938, 19...., in the State of Missouri, and which was filed at ..... on ....., 19...., should be corrected as follows:

Item No. 14 should read ~~Craig Cox~~, Trigg Co., Ky
Instead of Unknown

Item No. 15 should read Lucy Baker
Instead of Lucy ?

Item No. 16 should read Trigg Co., Ky
Instead of Unknown

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Jordan W. Chambers
Affiant Peoples Mutual Burial League Fun. Dir.
Relationship.

3100 Franklin Ave
Present Address.

Subscribed and sworn to before me this 28 day of Sept., 1949

My Commission expires 3-4-53 Ella C. Paddock Notary Public.

Form V. S. 135
50M—8-43
I X37817

S-974