

REC'D MAY 17 1938

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

15014
Do not use this space.

1. PLACE OF DEATH

(a) County Johnson Registration District No. 427
 (b) Township Madison Primary Registration District No. 4253 Registered No. 21
 (c) City Holden (d) Street No. _____ 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

Elizabeth Ashby Elliott 430
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF G. W. Elliott

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 1 - 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
81 2 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as a lawyer, bookkeeper, etc. At Home
 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) Pike County
 (STATE OR COUNTRY) Illinois

FATHER 13. NAME Thomas Seldon Baker

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

MOTHER 15. MAIDEN NAME Ann Dudley Hughes

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

17. INFORMANT C. B. Elliott, M. D.
 (ADDRESS) Baton - N. M.

18. BURIAL, CREMATION, OR REMOVAL PLACE New Liberty, Mo. DATE May 3 1938

19. FUNERAL DIRECTOR I. W. Goodman
 (ADDRESS) Holden, Mo.

20. FILED May 17 1938 Mr. H. W. Redford
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April - 30 - 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 2, 1938, to April 30, 1938

I last saw her alive on April 30, 1938. Death is said to have occurred on the date stated above, at 8:25 P.

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

Hepatic Obstruction.

Date of onset

Other contributory causes of importance:

Chronic Myocarditis

Pulmonary Fibrosis

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 _____, 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) Edward Andruse, M. D.

(Address) Holden, Mo.

STATEMENT BY LICENSED EMBALMER

I, W. Goodman, Licensed Embalmer No. 2424

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

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed W. Goodman
Licensed Embalmer No. 2424

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.)