

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.

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

Do not use this space.

RECORDED JUL 11 1938

22731

1. PLACE OF DEATH

County Randolph Registration District No. 735
Township _____ Primary Registration District No. 3034
City Moberly Mo (No. 512 N. Rollins

File No. _____
Registered No. 128 St. _____ Ward _____

2. FULL NAME

Mary Marilla Elliott
(a) Residence, No. 817 N. Rollins St., _____ Ward. _____
(Usual place of abode)
(If nonresident, give city or town and State)
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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1, 1938

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

22. I HEREBY CERTIFY, that I attended deceased from Jan, 1938, to July 1, 1938
I last saw him alive on July 1, 1938 Death is said to have occurred on the date stated above, at 7:30 P.M.
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 15 - 1888

Chronic Intestinal neoplasia Date of onset Do not know

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 49 10 16

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 _____

Other contributory causes of importance: Enlarged heart & urinary neoplasia

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

13. NAME W. N. Miles

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon Co. Mo

15. MAIDEN NAME Clara Snow

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon Co. Mo

Name of operation Small Date of _____
What test confirmed diagnosis? Small Was there an autopsy? _____

17. INFORMANT Asher W. Elliott (ADDRESS) 817 N. Rollins St.

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. _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Cleveland Cemetery DATE July 3 1938

Manner of injury _____ Nature of injury _____

19. UNDERTAKER Snow Funeral Home (ADDRESS) Moberly Mo

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) W. N. Miles, M. D.
(Address) Moberly Mo

20. FILED July 2 1938 Ethel Elliott Registrar.

