

DECD OCT 19 1938

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

Do not use this space.

31924

19
7
0

1. PLACE OF DEATH

County Cass Registration District No. 1
Township Campbranch Primary Registration District No. 4558
City Garden City, Mo. (No. 1) (Ward 1)

2. FULL NAME Jesse William Elliott

(a) Residence, No. Jackson Co. La. 2nd Dist. Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Anna Le Anna Foster

March 12, 1853

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 5 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) Hancock Co. Illinois

13. NAME Samuel Elliott

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

15. MAIDEN NAME Ann Overton

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

17. INFORMANT Bob Elliott
(ADDRESS) Attn. Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Pemberton DATE Aug 31 1938

19. UNDERTAKER H. M. Kauffman
(ADDRESS)

20. FILE Aug 29 1938 Registrar Do. W. Tucker (Address) Garden City Mo

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug - 27 - 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct - 1st, 1937, to Aug. 27 -, 1938.

I last saw him alive on Aug - 27 -, 1938. Death is said to have occurred on the date stated above, at 4 A. m.

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

Degenerative Myocarditis Date of onset

Other contributory causes of importance: 59

Diabetes
Hyper tension
Myocarditis
Name of operation None Date of operation 2-4-38
What test confirmed diagnosis Physiatrist's report Was there an autopsy Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? X Date of injury X, 19...
Where did injury occur? X (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury X
Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? X

If so, specify Frouk B Ellis, M. D.

(Signed) Frouk B Ellis (Address) Garden City 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.

