

NOV 3 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

35136
Do not use this space.

1. PLACE OF DEATH

(a) County..... Buchanan Registration District No. 85
 (b) Township..... Primary Registration District No. 1001 Registered No. 1031
 (c) City St. Joseph (d) Street No. Missouri Methodist Hospital 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 67 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

430 Elizabeth F. Elliott
 (a) Residence, No. 2805 Duncan St. 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*) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alonzo A. Elliott
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 3, 1871
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 2 12
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 16, 1938
 22. I HEREBY CERTIFY, That I attended deceased from Sept 29, 1938, to Oct 15, 1938
 I last saw her alive on Oct 14, 1938. Death is said to have occurred on the date stated above, at 5:00pm.
 The principal cause of death and related causes of importance were as follows:

Arterio-sclerotic Heart disease.
95%
 Date of onset

Other contributory causes of importance:
Phonic Infected Hydrocephalus (left)

Name of operation Nephrectomy Date of Oct 15/38
 What test confirmed diagnosis? Operations Was there an autopsy? No

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? No
 If so, specify.....
 (Signed) Charles Greenberg, M. D.
85 (Address) PAYS. & SURE.

12. BIRTHPLACE (CITY OR TOWN) Unknown 0
 (STATE OR COUNTRY) Missouri 9

13. NAME John Remoth

14. BIRTHPLACE (CITY OR TOWN) Unknown 0
 (STATE OR COUNTRY)

15. MAIDEN NAME Catherine

16. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Missouri

17. INFORMANT Miss Myrtle Elliott
 (ADDRESS) 2805 Duncan St., St. Jos., Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Memorial Park Cem. DATE 10/16, 1938

19. FUNERAL DIRECTOR (NAME) Walter Mierkoff
 (ADDRESS) 1307 Farron Sts.

20. FILED Oct 17, 1938 H. J. Hechtelbusch
 Local Registrar.

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Wilbur Kelly

....., or by

Registered Apprentice No., working under my personal supervision.

Signed W. H. Kelly

Licensed Embalmer No. No. 3946

P. O. Address 1302 Fannon Street, St.

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.)

If this body is not embalmed, above space should be left blank.