NOV 17 1938

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

35680

Do not use this space.

1. PLACE OF DEATH
(a) County GREENE
(b) Township
(c) City SPRINGFIELD
(d) Street No. St. John's 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 318
Primary Registration District No. 2001
Registered No. 745

2. PRINT FULL NAME 430 Vernie Alvin Elliott
(a) Residence, No. Plad Mo. St. Plad Mo
(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 M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 22, 38
7. AGE ✓ YEARS 0 MONTHS 2 DAYS 15 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. C Field
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) Plad Mo. 0

FATHER
13. NAME A E Elliott 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Plains Mo 0

MOTHER
15. MAIDEN NAME Jewell Barclay
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Plad Mo

17. INFORMANT (ADDRESS) A E Elliott Plad Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Louisburg Mo DATE Oct 8 1938
19. FUNERAL DIRECTOR (ADDRESS) Family Plad Mo 290
20. FILED Oct 7 1938 Chas A George M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 7 1938

22. I HEREBY CERTIFY, That I attended deceased from 10/7/38, 19..., to 10/7/38, 19...
I last saw him alive on 5 15 P.M., 19... Death is said to have occurred on the date stated above, at 5 15 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	10-3-38

107 W

Other contributory causes of importance:
Immaturity
Malnutrition

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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? .....
If so, specify .....
(Signed) Eug J Schwartz, M. D.
(Address) 342 Med Arts Bldg Springfield Mo

(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, ..., Licensed Embalmer No.....

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

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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