

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

Do not use this space.

REC'D JAN 17 1938

42797

1. PLACE OF DEATH

County Clinton
Township
City Plattsburg, Mo. (No. 430)

Registration District No. 207
Primary Registration District No. 4125

File No. 26
Registered No. 40
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(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. (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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 25 - 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hra. or _____ min.
78 5 8

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. Retired 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) Holt County, Mo.

13. NAME W. B. Elliott

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

15. MAIDEN NAME Wainona Jane Talbot

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crider, Mo.

17. INFORMANT Mrs. Clyde Elliott
(ADDRESS) Plattsburg, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn DATE Dec 5 1938

19. UNDERTAKER O'Brien - Fran
(ADDRESS) Plattsburg, Mo.

20. FILED 175, 1938 C. W. Chaletain Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec - 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 9, 1938, to Dec - 5, 1938.
I first saw him alive on Dec - 5, 1938. Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:
Carcinoma of Prostate with metastasis in bones
Date of onset 1938

Other contributory causes of importance: 51

Name of operation on Prostate Date of _____
What test confirmed diagnosis Laboratory 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) R. M. Steepman, M. D.
(Address) Plattsburg, Mo.

WHITE PLAINLY, WITH UNFAVORING OPINION---THIS IS A PERMANENT RECORD
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.

