

JAN 24 1938

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

Do not use this space.

1. PLACE OF DEATH

38 County Sentry Registration District No. 309  
Township Howard Primary Registration District No. 5434  
City (No. ) St. Ward

File No. 43042  
Registered No. 64

2. FULL NAME

Hiram M. Elliot  
(a) Residence, No. St. Ward.  
(Unusual 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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Emma Elliot</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb - 1869</u>		
7. AGE YEARS <u>69</u>	MONTHS <u>10</u>	DAYS <u>→</u> If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farmer.</u>	
	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) <u>Sentry County Mo.</u>		
MOTHER FATHER	13. NAME <u>Jesse Elliot</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>	
	15. MAIDEN NAME <u>Sarah Wilson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>	
17. INFORMANT (ADDRESS) <u>Woodrow Elliot Albany, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Miller</u> DATE <u>12-12-38</u>		
19. UNDERTAKER (ADDRESS) <u>Bran Bros. Denver, Mo.</u>		
20. FILED <u>Dec. 12, 1938</u> <u>W. G. Martinez</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 11 1938  
22. I HEREBY CERTIFY, That I attended deceased from December 8, 1938, to Death, 1938  
I last saw him alive on December 8, 1938. Death is said to have occurred on the date stated above, at 12:30 am.  
The principal cause of death and related causes of importance were as follows:

Haemorrhage  
of  
Date of onset Dec. 8

Other contributory causes of importance:

Carcinoma of jaw - right side 2 or 3 yrs beginning ab. Buccal sulcus & extending to mandible

Name of operation excised at St. Joseph Mo. at  
What test confirmed diagnosis? James White at St. Joseph Mo. 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 None

(Signed) W. G. Martinez, M. D.  
(Address) Denver, Mo.

WRITE CLEARLY, WITH UNFADING INK---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.

