WRITE PLAINLY, 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.

REC'D JAN 25 1939

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

Do not use this space.

1. PLACE OF DEATH
County Jasper 1 Registration District No. 411 File No. 43384
Township 1 Primary Registration District No. 2002 Registered No.
City Joplin (No. Freeman Hospital St. Ward)

2. FULL NAME 623 Elliott B Christie
(a) Residence, No. 2401 Lincoln St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Opal Christie
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 22, 1875
7. AGE YEARS 63 MONTHS 8 DAYS 5 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Empire Dis
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) Oil City Penn. 1

FATHER
13. NAME — Christie
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9

MOTHER
15. MAIDEN NAME — Bishop
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9

17. INFORMANT (ADDRESS) Opal Christie Joplin Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Hope Cem DATE Dec 29 1938
19. UNDERTAKER (ADDRESS) Webb City Und Co. Webb City Mo.
20. FILED 12 28 1938 E D Jennings Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 27, 1938
22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1938, to Dec 27, 1938
I last saw him alive on Dec 27, 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:

	Date of onset
Coronary	
Embolus	

Other contributory causes of importance:

Myo Carditis, chr.
Nephritis, chr.

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) Mitchell Gregg, M. D.
(Address) Joplin Mo