

REC'D MAR 21 1939

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

7609
Do not use this space.

1. PLACE OF DEATH
 (a) County Randolph Registration District No. 735
 (b) Township Union Primary Registration District No. 3034
 (c) City Near Moberly (d) Street No. 5971 Registered No. 30
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (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.

2. PRINT FULL NAME George Elliott
 (a) Residence, No. _____ 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 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 Alice Elliott

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 2nd 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 0 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

FATHER 13. NAME Frank Elliott
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER 15. MAIDEN NAME Sarah Mason
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Mrs Alice Elliott
207 Moberly Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St Louis Mo DATE Feb 18 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Malvan and Son
Moberly Mo

20. FILED Feb 15, 1939 North County Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 15th 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 2 1939, to Feb 15 1939
 I last saw him alive on Feb 9 1939. Death is said to have occurred on the date stated above, at 12:35 P.M.
 The principal cause of death and related causes of importance were as follows:
Nephritis et.

Other contributory causes of importance:
Uræmia

Name of operation None Date of _____
 What test confirmed diagnosis? blue stains & symp 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) cc Smith, M. D.
moberly mo (Address)

Date of onset
Feb 21
39
Raymond
what dot
do not
know

RECEIVED

District Health Officer No. 10

District File Number 10-39-427

Date Filed MAR 10 1939

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, _____

_____, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed Frank D. DeWitt

Licensed Embalmer No. 3821

P. O. Address Proberly

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.