

REC'D SEP 13 1939

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

30111

Do not use this space.

## 1. PLACE OF DEATH

(a) County St. Francois Registration District No. 773  
 (b) Township St. Francois Primary Registration District No. 6018A  
 (c) City Near Farmington or (d) Street No. State Hospital No. 4 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.

2. PRINT FULL NAME Margaret Elliott

(a) Residence, No. Laquey, Mo. 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 Female 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 George Elliott

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 20, 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
56 3 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 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) ArkansasFATHER 13. NAME J. L. Welch14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UnknownMOTHER 15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT Records of State Hospital #4  
(ADDRESS) Farmington, Mo.18. BURIAL, CREMATION, OR REMOVAL  
PLACE Salem, Ark. DATE Aug. 19 193919. FUNERAL DIRECTOR (NAME) Virgil Welch  
(ADDRESS) (Richardson Funeral Home) Farmington, Mo.20. FILED 8-18-1939 B. J. Robinson Local Registrar. (Address) Farmington, Mo.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-17 19 3922. I HEREBY CERTIFY, That I attended deceased from 9-22 19 38 to 8-17 19 39I last saw her alive on 8-16 19 39. Death is said to have occurred on the date stated above, at 1:20a m.

The principal cause of death and related causes of importance were as follows:

Cerebral arteriosclerosis  
Terminal bronchopneumonia  
Schizophrenia

Date of onset

Other contributory causes of importance:

Name of operation none Date of      
What test confirmed diagnosis? Clu Was there an autopsy? no23. 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 Paul Joseph M.D. M. D.  
(Signed) Paul Joseph M.D.

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.....

*Paul Dugal*

Registered Apprentice No. *172*

working under my personal supervision.

Signed.....

*Virgil H. Heleh*

Licensed Embalmer No. *4102*

P. O. Address *Farmington, Mo.*

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

If this body is not embalmed, above space should be left blank.