

Registration District No. **563** Primary Registration District No. **452** Registrar's No. _____

1. PLACE OF DEATH: **TEXAS**
(a) County Texas **2**
(b) City or town Houston
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED: **MISSOURI**
(a) State Missouri (b) County Texas
(c) City or town Houston
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME **Jessie Beatrice Elliott** **430**
8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife J. M. Elliott 6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased 9 10 1870
(Month) (Day) (Year)

8. AGE: Years 69 Months 2 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace Illinois (City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business _____

MOTHER FATHER
12. Name Issac H. Leidy
13. Birthplace _____ (City, town, or county) (State or foreign country) Penn.
14. Maiden name Helena Vanderslice
15. Birthplace BLOOMSBURG PA. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Th. J. Elliott
(b) Address Houston Mo.

17. (a) Burial (b) Date thereof 12 4 1939
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Houston

18. (a) Signature of funeral director Hayward V. Elliott
(b) Address Houston, Mo.

19. (a) 12-4-39 (b) Maude Shacklett
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 3rd
year 1939 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 4,
_____ 1938 to Dec. 3, 1939
that I last saw her alive on Dec. 3, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Cachexia
Due to Melanocarcinoma of face with generalized metastasis
Due to _____

Other conditions Senility
(Include pregnancy within 3 months of death)
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature L. M. Bellman (M. D. or other) M.D.
Address Houston, Mo. Date signed Dec. 3, 1939

WRITE FAINTLY—USE UNFADING BLACK INK—MAKE 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.

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STATE OF TEXAS
DEPARTMENT OF HEALTH
BUREAU OF HEALTH OFFICERS

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.

RECEIVED

District Health Officer No. 5,

District File Number 1239468

Date Filed 12 F 39

Signed Frank E. Hood

Licensed Embalmer No. 4026

P. O. Address Houston, Mo.

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.

N. B.—Every item of information should be carefully supplied. AGE should be state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAWS OF MOORE

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

41037 Do not use this space.

1. PLACE OF DEATH (a) County Texas (b) Township (c) City Houston (d) Street No. (e) Length of residence in city or town where death occurred (f) How long in U.S., if of foreign birth? 2. PRINT FULL NAME Jennie Beatrice Elliott (a) Residence, No. St.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. 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) 13. NAME 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 15. MAIDEN NAME 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 17. INFORMANT (ADDRESS) 18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19. FUNERAL DIRECTOR (ADDRESS) 20. FILED 19 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 3 1939 22. I HEREBY CERTIFY, That I attended deceased from I last saw h. alive on , 19. Death is said to have occurred on the date stated above, at .m. The principal cause of death and related causes of importance were as follows: Cachexia 58 Nelson's carcinoma of base with general metastasis Other contributory causes of importance: Right side of face 2 cm. anterior to PINA of EAR (Signed) L. M. Dillman, M. D. (Address) Houston, Mo

SUPPLEMENTARY

