

Dr. W. W. Walker  
Do not use this space

SEP 28 1927.

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

24151

1. PLACE OF DEATH

County Henry  
Township Clinton  
City Clinton

Registration District No. 347  
Primary Registration District No. 3018

File No. \_\_\_\_\_  
Registered No. 93  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Resie ~~Elliot~~ Elliott  
(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) \_\_\_\_\_

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 22, 1925

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
2 0 8

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work \_\_\_\_\_  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Clinton  
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Sam Elliott

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Calhoun  
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Mary Valley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Benton Co. Mo.

14. INFORMANT Sam Elliott  
(Address) Clinton Mo

15. FILED Aug 31, 27 Dr. E. C. Peelor  
by J. H. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 30 1927

17. I HEREBY CERTIFY That I attended deceased from Aug 17, 1927 to Aug 30, 1927 that I last saw him alive on Aug 30, 1927 and that death occurred, on the date stated above, at 7 0 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Enterocolitis  
120B  
114B (duration) yrs. mos. ds. 15

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.

0 DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none  
(Signed) S W Walker, M. D.  
, 19 (Address)

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Englewood DATE OF BURIAL 8/31 1927

20. UNDERTAKER Miss Wilkins ADDRESS Clinton

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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