

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

Do not use this space.

31 1928

37788

1. PLACE OF DEATH

County Pettis
 Township Iron Ridge
 City (No. _____) _____

Registration District No. 664
 Primary Registration District No. 5882

File No. _____
 Registered No. 21
 St. _____ Ward _____

2. FULL NAME

Samuel Elliott

(a) Residence, No. _____ 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 Mrs Samuel Elliott

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 15, 1871

7. AGE YEARS 57 MONTHS 11 DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer 1180
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Pettis County
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Joseph Elliott

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Whiting
 (STATE OR COUNTRY) West Virginia

12. MAIDEN NAME OF MOTHER Mary

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Whiting
 (STATE OR COUNTRY) West Virginia

14. INFORMANT Wife
 (Address) _____

15. FILED 11/16 19 28 Chas. R. Skelley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 1st 19 28

17. I HEREBY CERTIFY, That I attended deceased from Oct 30 1928 to Oct 31 1928 that I last saw him alive on Oct 31st 1928 and that death occurred, on the date stated above, at Nov 1-09 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Indigestion
Caused by overeating
Had no milk to mos
cents milk. (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) 1120 (duration) _____ yrs. _____ mos. _____ ds.

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

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) B. W. Head M. D.

11/1, 19 28 (Address) Windsor Mo.

*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 Laural, Ark. DATE OF BURIAL Nov 2 1928

20. UNDERTAKER E. A. Roof ADDRESS Windsor Mo.

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.

96-11-16

**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Pettis Registration District No. 664 File No.
 Township Green Ridge Primary Registration District No. 3882 Registered No. 21
 City..... (No.....) St. Ward)

2. FULL NAME Samuel Elliott

(a) Residence. No. St. Ward. (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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) m

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 15 - 1871

7. AGE YEARS MONTHS DAYS IF LESS than I day, hrs. or min.
56 11 7 16 1/2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work (duration) yrs. mos. ds.
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

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

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

14. INFORMANT Wife
 (Address) Windsor MO

15. FILED 11/16 1928 Orin Shelby REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 1 1928

17. I HEREBY CERTIFY That I attended deceased from
 that I last saw h. alive on 19....., and that death occurred, on the date stated above, of..... m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed)....., 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 DATE OF BURIAL

20. UNDERTAKER ADDRESS

item of information DEATH in plain text

REC. PREScribed BY LAW OR CERTIFICATE OF DEATH

SUPPLEMENTARY

S-3778B