

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

Do not use this space.

20469 ^a

1. PLACE OF DEATH

County Sullivan
 Township Buncan
 City Marion (No. _____) St. _____ Ward _____

Registration District No. 929
 Primary Registration District No. 6121

File No. _____
 Registered No. 11

2. FULL NAME

Mary Josephine 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 30 yrs. - mos. - da. How long in U.S., if of foreign birth? yrs. mos. da.

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 Jefferson D. Elliott.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 15, 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
61 | 6 | 6

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Sullivan Co., Missouri
 (STATE OR COUNTRY)

10. NAME OF FATHER John B. Harmon

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Boyle Co., Kentucky
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Sarah Francis Brundidge

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Cooper Co., Missouri
 (STATE OR COUNTRY)

14. INFORMANT Mrs Lloyd Crowder, Regeer, Mo.
 (Address)

15. FILED 5-22 19 29 J. H. Rogers REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 21 19 29

17. I HEREBY CERTIFY That I attended deceased from 3 - 11 - 19 29, to _____, 19____, and that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____, 1 10 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1517A
Coronary (duration) _____ yrs. _____ mos. _____ da.
 CONTRIBUTORY (SECONDARY) 1520A (duration) _____ yrs. _____ mos. _____ da.

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) J. J. Turner, M. D.
21, 19 29 (Address) Regeer, 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 Pleasant Hill Mt Zion Cent. Bur. DATE OF BURIAL May 27 19 29
 20. UNDERTAKER C. A. Schoene ADDRESS W. Man, Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS 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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