

Do not use this space.

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

MAR 24 1934

4676

1. PLACE OF DEATH

County Henry Registration District No. 347
Township Clifton Primary Registration District No. 3018
City Clifton (No. _____) St. _____ Ward _____

File No. _____
Registered No. 30

2. FULL NAME

Ernest Clifton Elliott
(a) Residence, No. No. Washington 2 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 OF RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-23-1915

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 18 6 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dependent

9. Industry or business in which work was done, as silk mill, 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) Clifton Missouri

13. NAME Sam Elliott

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Calhoun Missouri

15. MAIDEN NAME Suey Saley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Calhoun Missouri

17. INFORMANT Sam Elliott (ADDRESS) Clifton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE 3-2-34

19. UNDERTAKER Miss General Home (ADDRESS) Clifton, Mo.

20. FILE NO. 3-1 1934 J. R. Haulton Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from February 17, 1934, to February 28, 1934

I last saw him alive on February 28, 1934. Death is said to have occurred on the date stated above, at 7:45 p.m.

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

Pyrexia about 4 weeks duration Date of onset 2/27/34
General Peritonitis

Other contributory causes of importance: 133
1233
167

Name of operation none Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. 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 _____
(Signed) S. W. Wozniak, M. D.

(Address) Clifton, 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.

