

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

Do not use this space.

JUL 22 1935

19548

1. PLACE OF DEATH

County Henry
Township Clinton
City (No. _____) _____

Registration District No. 347
Primary Registration District No. 6488

File No. 85
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Russell Clay Elliot

(a) Residence, No. 918 W Rogers 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 <u>M</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 25, 1935</u>		
7. AGE YEARS	MONTHS	DAYS
		<u>21</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton, Mo

13. NAME Alfred Elliot

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton, Mo

15. MAIDEN NAME Elda Grandstaff

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sherridan, Mo

17. INFORMANT (ADDRESS) Alfred Elliot, Clinton, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE 6/16/35

19. UNDERTAKER (ADDRESS) Consolmagno Beck, Clinton, Mo

20. FILED 6-25-1935 J. K. Hampton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1935, to June 15, 1935

I last saw him alive on June 13, 1935 Death is said to have occurred on the date stated above, at 2 P. m.

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

Congenital heart disease Date of onset Birth May 25/35

Other contributory causes of importance: Acute nephropathy June 14/35

Name of operation none Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? no

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 none
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) S. B. Hughes, M. D.
(Address) Clinton, 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.

