

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.

DEC 29 1936

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

Do not use this space.

44537

1. PLACE OF DEATH

County Henry

Registration District No. 347

Township \_\_\_\_\_

Primary Registration District No. 3018

City Clinton (No. \_\_\_\_\_)

St. \_\_\_\_\_

File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

Ward \_\_\_\_\_

2. FULL NAME Bobbie Gene Elliott

(a) Residence, No. 609 N. 3th 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 18 1934

7. AGE YEARS 2 MONTHS 3 DAYS 26 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
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) Clinton mo.

13. NAME Charley Albert Elliott

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry co mo

15. MAIDEN NAME Lillie May Couthan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bates co mo

17. INFORMANT (ADDRESS) Charley Elliott Clinton mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE 12/15/36

19. UNDERTAKER (ADDRESS) Consolus Beck Clinton mo

20. FILED 12-22-36 J B Hampton Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 14 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 6 1936 to Dec 14 1936

I last saw him alive on Dec 14 1936 Death is said to have occurred on the date stated above, at 7:20 pm

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

Acute Polar Pneumonia Date of onset 12/6/36

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Culture 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 \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) S W Wolcott M. D.

(Address) Clinton mo

