

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

Do not use this space.

1. PLACE OF DEATH

County Moniteau
 Township Patoka
 City Lathrop (No. St. Ward)

Registration District No. 577
 Primary Registration District No. 5775

File No. 7313
 Registered No. 3

2. FULL NAME

(a) Residence, No. Lathrop St. Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred 57 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) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 24 1887
 7. AGE YEARS 44 MONTHS 2 DAYS 10 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Blacksmith
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shop
 10. Date deceased last worked at this occupation (month and year) 2 years ago 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) near Lathrop (STATE OR COUNTRY) Moniteau Co. Mo.

13. NAME Wm Elliott

14. BIRTHPLACE (CITY OR TOWN) Adair Co (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Emma Nelson

16. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY)

17. INFORMANT W. H. Elliott (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Higley Cemetery DATE Feb 26 1937

19. UNDERTAKER J. M. Wilson & Son (ADDRESS) Lathrop Mo.

20. FILED 2-26 1937 Madeline Lathrop Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 24 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1937, to Feb 24 1937
 I last saw him alive on Feb 16 1937 Death is said

to have occurred on the date stated above, at 8 P.M.

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

Coronary Heart trouble Date of onset

Other contributory causes of importance: hypertension

Name of operation none Date of

What test confirmed diagnosis? ✓ Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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) W. H. Elliott, M. D.

(Address) Burkeston 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.

