

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

Do not use this space.

17546

**1. PLACE OF DEATH**

County RAY  
Township RICHMOND  
City RICHMOND (No. \_\_\_\_\_)

Registration District No. 744  
Primary Registration District No. 3035

File No. \_\_\_\_\_  
Registered No. 39  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** ANDY J. ELLIOTT

(a) Residence, No. Co. Home 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<br><u>MALE</u>  | 4. COLOR OR RACE<br><u>WHITE</u>  | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>MARRIED</u> |                  |  |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>HARRIOTT ELLIOTT</u> |   |   |                  |  |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>AUG. 26 1857</u>                          |   |   |                  |  |
| 7. AGE   | YEARS<br><u>75</u>  | MONTHS<br><u>8</u>  | DAYS<br><u>6</u> | IF LESS than 1 day, _____ hrs. or _____ min. |
| OCCUPATION   | 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                             |                  |  |

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/12/33, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar. 1, 1932, to 5-12-33, 1933

I last saw him alive on 5-12, 1933. Death is said to have occurred on the date stated above, at 11:00 p.m.

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

Cerebral hemorrhage

82A

Other contributory causes of importance:

Date of onset

|   |  |
|---|--|
| FATHER  | 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u> |
|   | 13. NAME <u>Carroll Elliott</u>                                  |
|   | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u> |
|   | 15. MAIDEN NAME <u>Adeline Young</u>                             |
| MOTHER  | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u> |
|   | 17. INFORMANT <u>ANDY BALLARD</u> (ADDRESS) <u>RICHMOND MO.</u>  |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>CHANDLER M.</u> DATE <u>5/14/33</u> , 19 <u>33</u> |  |
| 19. UNDERTAKER <u>C. M. Gornier</u> (ADDRESS) <u>Richmond Mo</u>                              |  |
| 20. FILED <u>5-12</u> , 19 <u>33</u> <u>E. E. Gay</u> Registrar.                              |  |

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

What test confirmed diagnosis? P. Ex. 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 \_\_\_\_\_, 1933  
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) A. M. Griffith, M. D.  
(Address) Richmond 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.

JUN 23 1933

