

LOCAL REGISTRAR'S RECORD—DO NOT TEAR LEAF OUT

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

1 PLACE OF DEATH
County Ray
Township Camden or Camden Village Camden or Camden City Camden (NO. St. Ward)

739
444
32311-A
Registration District No. File No.
Primary Registration District No. Registered No.

2 FULL NAME Arthur B G Elliott

If death occurred in a hospital or institution, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED (Write in space) Married

6 DATE OF BIRTH Sept 8 1847
(Month) (Day) (Year)

7 AGE 78 yrs. 25 mos. 25 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work At Home
(b) General nature of industry business, or establishment in which employed (or employer) None

9 BIRTHPLACE (City or town, State or foreign country) Ray Co. Mo.

PARENTS
10 NAME OF FATHER Richard S Elliott
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Tenn.
12 MAIDEN NAME OF MOTHER W
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Tenn.

16 MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 12 1920
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from May 1 1920 to Oct 12 1920, that I last saw him alive on Oct 12 1920, and that death occurred, on the date stated above, at 11 m.

The CAUSE OF DEATH* was as follows:
Dehydration of Heart.

(Duration) yrs. 5 mos. 12 ds.

CONTRIBUTORY (Secondary) none age
(Duration) yrs. mos. ds.

(Signed) R. L. Hamilton M. D.
Oct 13 1920 (Address) Richmond Mo.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) A. B. G. Elliott
(Address) Camden Mo.

*State the Disease Causing Death, or, in death from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted if not at place of death?
Former or usual residence

15 Filed 11/16 Oct 13 1920
A. B. G. Elliott
Registrar

19 PLACE OF BURIAL OR REMOVAL Woodlark Cem. DATE OF BURIAL Oct 14 1920
20 UNDERTAKER W. W. Burgess ADDRESS Camden 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.

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St.

Ward)

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If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE
MARRIED
WIDOWED
OR DIVORCED
(Write the word)

6 DATE OF BIRTH

(Month) (Day) 1 (Year)

7 AGE

If LESS than
1 day hrs.
or min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

(b) General nature of industry business, or establishment in which employed (or employer)

9 BIRTHPLACE

(City or town, State or foreign country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER

(City or town, State or foreign country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER

(City or town, State or foreign country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH

(Month) (Day) 1911 (Year)

17 I HEREBY CERTIFY, that I attended deceased from

1911 to

1911

that I last saw h..... alive on..... 1911

and that death occurred, on the date stated above, at..... m.

The CAUSE OF DEATH* was as follows:

CONTRIBUTORY

(Secondary)

(Signed)

(Duration) yrs. mos. da.

(Duration) yrs. mos. da.

(Address)

M. D.

*State the Disease Causing Death, or, in death from Violent Cause, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death..... yrs. mos. da. In the State..... yrs. mos. da.

Where was disease contracted if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

1911

20 UNDERTAKER

ADDRESS