

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

Do not use this space.

14269

1. PLACE OF DEATH

County Ray Co Registration District No. 743
Township 3 Primary Registration District No. 6237
City Near Excelsior Springs

File No. _____
Registered No. 3
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. SR 70 #1 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</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>Oct 28 - 1921</u>					
7. AGE		YEARS <u>11</u>	MONTHS <u>5</u>	DAYS <u>17</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. <u>none</u>				
	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) <u>Norbourne Mo</u>					
FATHER	13. NAME <u>Arthur Elliott</u>				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>				
MOTHER	15. MAIDEN NAME <u>Anna Melting</u>				
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Richmond Mo</u>				
17. INFORMANT <u>Arthur Elliott</u> (ADDRESS) <u>Excelsior Springs Mo</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Salem Cemetery</u> DATE <u>4-16</u> 19 <u>33</u>					
19. UNDERTAKER <u>John C. Prother</u> (ADDRESS) <u>Excelsior Springs Mo</u>					
20. FILED <u>Apr 20</u> 19 <u>33</u> <u>L. E. Ellis</u> Registrar.					

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15 1933

22. I HEREBY CERTIFY, that I attended deceased from April - 12 1933 to April - 15 1933
I last saw her alive on April 15 1933 Death is said to have occurred on the date stated above, at 11 P.M.
The principal cause of death and related causes of importance were as follows:
10 Diphtheria

Date of onset	<u>one week prior to April 12, 1933</u>
---------------	---

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis: physiologist 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) J. M. Gresham M. D.
(Address) Excelsior Springs Mo

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

S. NO. 1

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.

MAY 24 1933

MARGIN RESERVED FOR BINDING

