CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

PLACE OF DEATH

County: Shelby

Township: Black Creek

or Village:

or City: (NO. , St.: Ward)

Registration District No.: 831

Primary Registration District No.: 6092

File No.: 37609

Registered No.: 43

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

FULL NAME Andrew Burton Elliot

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR OR RACE	SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Male	white	married

DATE OF BIRTH: May 13, 1885 (Month) (Day) (Year)

AGE: 29 yrs. 8 mos. 12 ds. — If LESS than 1 day, hrs. or min.?

OCCUPATION
(a) Trade, profession, or particular kind of work: Farmer 30
(b) General nature of industry, business, or establishment in which employed (or employer): 133B

BIRTHPLACE (City or town, State or foreign country): Knox Co. Mo.

PARENTS
NAME OF FATHER: Arthur Elliot
BIRTHPLACE OF FATHER (City or town, State or foreign country): Knox Co. Mo.
MAIDEN NAME OF MOTHER: Julia A. Pulis
BIRTHPLACE OF MOTHER (City or town, State or foreign country): Knox Co. Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lulu Elliot

(ADDRESS) Shelbyville, Mo.

Filed Nov 26, 1914. Wm Carson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH 3

DATE OF DEATH: November (Month) 25 (Day), 1914 (Year)

I HEREBY CERTIFY, that I attended deceased from Nov 12, 1914, to Nov 25, 1914, that I last saw him alive on Nov 25, 1914, and that death occurred, on the date stated above, at 7/30 P.M.

The CAUSE OF DEATH was as follows:

Surgical Shock
(Nephrectomy)

(Duration) 13 yrs. mos. ds.

Contributory (SECONDARY) Tuberculous Nephritis

(Duration) yrs. mos. ds.

(Signed) C E Salser M. D.

11/26 1914 (Address) Shelbyville

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

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

PLACE OF BURIAL OR REMOVAL: Pleasant Prairie, Cemetery

DATE OF BURIAL: Nov. 26, 1914

UNDERTAKER: J. H. Thompson & Son

ADDRESS: Shelbyville, Mo.

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

PLACE OF DEATH

County.....

Township ..... Registration District No. ..... File No. .....

or

Village ..... Primary Registration District No. ..... Registered No. .....

or

City ..... (NO. ..... St.; ..... Ward)

[If death occurred in hospital or institutio give its NAME instea of street and number]

FULL NAME .....

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (*Write the word*)

DATE OF BIRTH

..... (Month) ..... (Day), 1..... (Year)

AGE ..... yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

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

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

BIRTHPLACE
(City or town, State or foreign country)

PARENTS

NAME OF FATHER

BIRTHPLACE OF FATHER
(City or town, State or foreign country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER
(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) .....

(ADDRESS) .....

Filed ....., 191..., ...
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

....., 191...
(Month) (Day) (Year

I HEREBY CERTIFY, that I attended deceased fro ....., 191..., to ....., 191...

that I last saw h..... alive on ....., 191...

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

The CAUSE OF DEATH* was as follows:

.....

.....

.....

..... (Duration) ..... yrs. ..... mos. .....

Contributory
(SECONDARY)

..... (Duration) ..... yrs. ..... mos. .....

(Signed) ..... M.

....., 191... (Address) .....

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

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, RECENT RESIDENTS)

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

Where was disease contracted if not at place of death? .....

Former or usual residence .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
	....., 191.
UNDERTAKER	ADDRESS