

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

Do not use this space.

10632

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis (No. #5630 Pershing Ave) St. Ward

File No.....  
 Registered No. 2375

**2. FULL NAME**

Everett H. Elliff  
 (a) Residence, No. #5630 Pershing Ave Ward 5  
 (Usual place of abode)

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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWER, OR DIVORCED HUSBAND OF (OR) WIFE OF Alice R. Elliff

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May, 17<sup>th</sup>, 1846

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
81. 9. 15.

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Retired  
 (b) General nature of industry, business, or establishment in which employed (or employer) Printer  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Jacob, Ill.  
 (STATE OR COUNTRY)

10. NAME OF FATHER John Wesley Elliff

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Illinois  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Julitha Digger

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Illinois  
 (STATE OR COUNTRY)

14. INFORMANT Alice R. Elliff  
 (Address) #5630 Pershing Ave

15. FILED MP - 3 1927 Mar 6 1928 REGISTERAR

**MEDICAL CERTIFICATE OF DEATH**

2  
 16. DATE OF DEATH (MONTH, DAY AND YEAR) March, 2<sup>nd</sup> 1928  
 17.

I HEREBY CERTIFY, That I attended deceased from Mar 2, 1928, to Mar 2, 1928, that I last saw him alive on Mar 2, 1928, and that death occurred, on the date stated above, at 7:30 P m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Mitral regurgitation  
92A due to Mitral insufficiency  
162

CONTRIBUTORY (SECONDARY) Wages  
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? No DATE OF.....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed) H. H. Damm, M. D.

, 19 (Address) 5667 Delmar St. Louis

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Missouri Crematory DATE OF BURIAL 3-3<sup>rd</sup> 1928

20. UNDERTAKER C. R. Rupton ADDRESS 7444 1/2 Street

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.

RECORD

3657

10-11 a.m.