

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.

JAN 28 1929

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

Do not use this space.

42297

1. PLACE OF DEATH

County St. Louis
Township Jackson
City Springfield

Registration District No. 780
Primary Registration District No. 6028

File No. _____
Registered No. 50
St. _____ Ward _____

2. FULL NAME

Libby Elliott

(a) Residence. No. _____ 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. A. Elliott

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 11th 1868

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
60 | 6 | 6 | _____

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Keeper
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Jake Henderson

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

12. MAIDEN NAME OF MOTHER Chantey Cooper

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

14. INFORMANT Peter Freight (Address) Springfield Mo.

15. FILED Dec 28, 1928 L. W. Douglas REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 17th 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 16th, 1928, to Dec 17th, 1928. (that I last saw h.e.) _____ alive on Dec 17th, 1928, and that death occurred, on the date stated above, at _____ 10:15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute myocarditis
Heart Disease
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) _____ (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? Sudden heart failure
(Signed) W. D. Brian M. D.
Dec 18, 1928 (Address) Blountdale, Mo.

*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 Concord Cemetery, Springfield, Mo. DATE OF BURIAL Dec 19 1928

20. UNDERTAKER Joseph Brinkston ADDRESS Blountdale, Mo.

