

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

Do not use this space.

35349

DEC 29 1930

1. PLACE OF DEATH

County Boone Registration District No. 73
Township Columbia Primary Registration District No. 3006
City Columbia (No.) St. Ward)

File No.
Registered No. 239

2. FULL NAME

Lohas Elliot
(a) Residence No. Lyon 61 St. 3rd Ward. (If nonresident, give city or town and State)
(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 negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Matilda Elliot
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Donk Know
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 - -

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

9. BIRTHPLACE (CITY OR TOWN) Boone County
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Donk Know
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Donk Know
(STATE OR COUNTRY) Donk Know
12. MAIDEN NAME OF MOTHER Donk Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Donk Know
(STATE OR COUNTRY) Donk Know

14. INFORMANT Matilda Elliot
(Address) Columbia

15. FILED 12/1/30 F.C. Suggett
by Kelly REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-24-1930
17. I HEREBY CERTIFY, That I attended deceased from Nov. 24, 1930, to X, 1930, that I last saw h..... alive on, 19....., and that death occurred, on the date stated above, at 9:00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral Insufficiency
9000 (duration) yrs..... mos..... ds.
CONTRIBUTORY (SECONDARY) 9000 (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? X
WHAT TEST CONFIRMED DIAGNOSIS T
(Signed) E. H. Davis M.D.
11-25, 1930 (Address) Columbia 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 Labray Cemetery DATE OF BURIAL 12-1 1930
20. UNDERTAKER Stuart P. Parker ADDRESS Columbia 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.

