

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

Do not use this space.

1001

**1. PLACE OF DEATH**  
 County Essex Registration District No. 330  
 Township Trouton Primary Registration District No. 3017  
 City Trouton (No. Pullers Hosp.) St. Mo. Ward     

**2. FULL NAME** Fule Elliott  
 (a) Residence No. Garido Mo. St.      Ward.       
 (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**SEX** Female **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** Married  
 IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Pratt Elliott  
**DATE OF BIRTH** (MONTH, DAY AND YEAR) Feb. 14 - 1899  

AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>41</u>	<u>11</u>	<u>11</u>	<u>    </u>	<u>    </u>

**OCCUPATION OF DECEASED**  
 (a) Trade, profession, or particular kind of work Housewife  
 (b) General nature of industry, business, or establishment in which employed (or employer) at home  
 (c) Name of employer     

**BIRTHPLACE** (CITY OR TOWN) Mo.  
 (STATE OR COUNTRY)     

**10. NAME OF FATHER** Manuel Lavin  
**11. BIRTHPLACE OF FATHER** (CITY OR TOWN) Ill.  
 (STATE OR COUNTRY)     

**12. MAIDEN NAME OF MOTHER** Paula Thompson  
**13. BIRTHPLACE OF MOTHER** (CITY OR TOWN) Mo.  
 (STATE OR COUNTRY)     

**INFORMANT** Pratt Elliott  
 (Address) Garido Mo.  
 FILED 1-14, 1931 E. A. Duffy  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH** (MONTH, DAY AND YEAR) Jan 14 1931  
**17.** I HEREBY CERTIFY, That I attended deceased from Jan 10 1931 to Jan 14 1931  
 that I last saw her alive on Jan 14, 1931, and that death occurred, on the date stated above, at 1 0 0 m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**  
Purulentis (puerperal)  
      
      
 (duration) yrs. mos. 4 ds.  
**CONTRIBUTORY (SECONDARY)** Subal. ovarian abscess  
miscorria 12 mo  
9 weeks resp. C. (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**  
 IF NOT AT PLACE OF DEATH       
 DID AN OPERATION PRECEDE DEATH? Yes DATE OF Jan 11 - 1931  
Exploration of uterus for placenta  
 WAS THERE AN AUTOPSY? No  
**WHAT TEST CONFIRMED DIAGNOSIS**  
 (Signed) E. W. Belski M. D.  
15 19 31 (Address) Tunton 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** Stucker Cem. **DATE OF BURIAL** Jan 16 1931  
**20. UNDERTAKER** E. J. Robertson **ADDRESS** Garido Mo.

