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

Do not use this space. 18588

1. PLACE OF DEATH
4 County Audrain
2 Township Prairie
3 City Laddonia (No. ..... St. ..... Ward)

Registration District No. 24
Primary Registration District No. 4018

File No. .....
Registered No. .....

2. FULL NAME Virginia Nancy 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.

JUL 21 1932

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): widow

5A. ~~IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF~~ (OR) WIFE OF Geo C Elliott

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 4 - 1850

7. AGE: Years 82 | Months 1 | Days 13 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House-wife
(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) Audrain Co. Mo.

PARENTS
10. NAME OF FATHER James Allison
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) not Known
12. MAIDEN NAME OF MOTHER Elizabeth Trueman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Illinois

14. INFORMANT Mrs. F. A. Mitchell (Address) Laddonia Mo

15. FILED 6-16-1932 W K McCall REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) June, 15 - 1932

17. I HEREBY CERTIFY, That I attended deceased from June, 12, 1932, to June, 15, 1932, that I last saw her alive on June, 15, 1932, and that death occurred, on the date stated above, at 7.30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Paralysis of right side due to Apoplexy
82 A
82 D
82 N
(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) Arterio sclerosis
(duration) yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Place of death
DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Clinical symptoms
(Signed) W K McCall, M. D
6-15-1932 (Address) Laddonia 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: Laddonia, Mo. | DATE OF BURIAL: June 17 1932

20. UNDERTAKER: H. G. Grainger | ADDRESS: Laddonia, Mo.