

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

Do not use this space.

5014

1. PLACE OF DEATH

County Cass Registration District No. 156
 Township Grand River Primary Registration District No. 14090
 City Harrisonville St. _____ Ward _____

File No. _____
 Registered No. 11

2. FULL NAME

James Robert Elliott
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 19-1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
69 1 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Little Rock Arkansas

FATHER 13. NAME Tom Elliott

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Susan Potts

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Clara Elliott Harrisonville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Cremated DATE Feb. 26 1933

19. UNDERTAKER (ADDRESS) Kennelburger Bros Harrisonville Mo

20. FILED 723 1933 D. S. Jordan Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 23 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 31 1933, to February 23 1933
 I last saw him alive on Jan 31 1933 Death is said to have occurred on the date stated above, at 2 P. m.
 The principal cause of death and related causes of importance were as follows:

Influenza Pneumonia Date of onset _____
11K
104 B 1151
 Other contributory causes of importance: Pneumonia

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) M. P. Overhiser, M. D.
 (Address) Harrisonville, Mo

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. L. H. ...

DEC 1 1942

DEC 2 1942