WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

OCT 20 1933

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

Do not use this space.

32708

1. PLACE OF DEATH

36 County Franklin — Registration District No. 295 — File No. 1

Township Meramec — Primary Registration District No. 5412 — Registered No. 24

City Stanton (No. ..... St. ..... Ward)

2. FULL NAME Harry Thos. Elliott

(a) Residence, No. ..... St., ... 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 24 - 1877

7. AGE: 55 YEARS — MONTHS: 11 — DAYS: 7 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Telegraph Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad

10. Date deceased last worked at this occupation (month and year) 1926

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Co. Mo.

FATHER

13. NAME Oscar Elliott

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

MOTHER

15. MAIDEN NAME Mary E. De Clue

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Co. Mo.

17. INFORMANT (ADDRESS) Maud M. Elliott

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Anaconda Mo DATE Oct. 4 1933

19. UNDERTAKER (ADDRESS) Thos. P. Shaffer Sullivan, Mo.

20. FILED Oct 2nd 1933 Jas P. Dunigan Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 1. 1933

22. I HEREBY CERTIFY, That I attended deceased from Sep 23 1933, to Oct 1, 1933

I last saw him alive on September 1, 1933. Death is said to have occurred on the date stated above, at 11.55 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
92D	
939B	
51A	

Other contributory causes of importance: Rheumatism for years associated with Neuritis causing invalidism

Name of operation O. Date of ..... No

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? No

If so, specify .....

(Signed) H. P. Mattox, M. D.

(Address) Sullivan Mo