

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.

WHITE PRINT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

FEB 27 1934

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

Do not use this space.

924

1. PLACE OF DEATH

County Jersey  
Township White Oak  
City Wichita Mo (No. \_\_\_\_\_)

Registration District No. 347  
Primary Registration District No. 5495

File No. \_\_\_\_\_  
Registered No. 10  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Thomas William 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Elliott</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 14 - 1848</u>				
7. AGE	YEARS <u>85</u>	MONTHS <u>9</u>	DAYS <u>14</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Farmer</u>			
	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)  
Hennepin Co Illinois

MOTHER FATHER 13. NAME Samuel Elliott

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

MOTHER 15. MAIDEN NAME Ann Overton

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

17. INFORMANT Tom Elliott  
(ADDRESS) Wichita Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Wich Cemetery DATE 1-28 1934

19. UNDERTAKER T. P. Smith  
(ADDRESS) Wichita Mo

20. FILED 2-2 1934 J. R. Receptor  
Registrar.

V MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 26 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 21 1933, to Jan 25 1934

I last saw him alive on Jan 25 1934. Death is said to have occurred on the date stated above, at 8:20 a.m.

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

Chronic Pyelitis  
Enlarged Prostate

Date of onset

Other contributory causes of importance:

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? No  
If so, specify \_\_\_\_\_

(Signed) J. W. Gulbreath, M. D.  
(Address) Wichita, Mo

