SEP 12 1934

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan, Registration District No. 85 File No. 28358
Township Primary Registration District No. 1001 Registered No. 94
City St. Joseph, (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME Hattie Belle Elliott,
(a) Residence, No. St., Ward. Synder, Oklahoma,
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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: James K. Elliott,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): January 9, 1871
7. AGE: YEARS 63 MONTHS 7 DAYS 0 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home,
10. Date deceased last worked at this occupation (month and year) August 1934,
11. Total time (years) spent in this occupation 47

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Platte County, Missouri,

FATHER
13. NAME: Calmore L. Marshall,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Kentucky,

MOTHER
15. MAIDEN NAME: Ann Davis,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Indiana,

17. INFORMANT (ADDRESS): Ray Elliott Oklahoma City, Oklahoma.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Norman, Okla, DATE August 12, 1934
19. UNDERTAKER (ADDRESS): Heaton-BeGole & Bowman 319 So. 10th. St. Funeral Home
20. FILED Sept. 10, 1934 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 9, 1934
22. I HEREBY CERTIFY, That I attended deceased from Aug 5th, 1934, to 8-9, 1934
I last saw her alive on 8-9, 1934 Death is said to have occurred on the date stated above, at 10:15P m.
The principal cause of death and related causes of importance were as follows:
Encephalitis - Epidemic — Date of onset 8-2-34

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? Findings Was there an autopsy? no

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 W Carle, M. D.
(Address) 501 P.S. Bldg.

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.