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.

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

Do not use this space.

AUG 16 1935

23396

1. PLACE OF DEATH

County Jasper — Registration District No. 408 — File No.

Township Madison — Primary Registration District No. 3020 — Registered No.

City ~~Carthage~~ (No. ~~5563A~~ St. Ward)

2. FULL NAME Louise Elliott Paar

(a) Residence, No. Route 1 St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. 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 R. H. Paar

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 8, 1850

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
84	10	2	

OCCUPATION

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

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) Newark Ohio

FATHER

13. NAME John O. Elliott

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

MOTHER

15. MAIDEN NAME Orlena Wilson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ohio

17. INFORMANT (ADDRESS) Mrs. John Elliott Route 1 - Carthage, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Park Cemetery DATE July 12 1935

19. UNDERTAKER (ADDRESS) Knell Mortuary Carthage, Mo.

20. FILED July 12 1935 S. B. Clinton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1935, to July 10, 1935

I last saw her alive on July 10, 1935 Death is said to have occurred on the date stated above, at 12 m.

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

	Date of onset
Cancer of Larynx	Jan '35

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical 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?

If so, specify

(Signed) P. N. Webster M. D.

(Address) Carthage Mo