

APR 20 1936

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

40 Do not use this space.

11086

1. PLACE OF DEATH

County Jackson
Township Prarie
City Little Blue (No. Gate House)

Registration District No. 400
Primary Registration District No. 5553B

File No.
Registered No. 55
St. Ward)

2. FULL NAME Sarah Elliott

(a) Residence, No. Jackson County Home Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-15-1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 65 11 28

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

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) arb.

MOTHER 13. NAME unk.

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

15. MAIDEN NAME unk.

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

17. INFORMANT (ADDRESS) Ernest Jackson
700 Oakley Home

18. BURIAL, CREMATION, OR REMOVAL Green Lawn DATE 3/17/36 1936

19. UNDERTAKER (ADDRESS) Ketter
156 2nd

20. FILED Mar 16 1936 Williams J Fields Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar - 13 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1936 to 3-13 1936

Last saw h. alive on 3-12-36 Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows: Pulmonary tuberculosis Date of onset

Other contributory causes of importance

Name of operation Clinical Date of no
What test confirmed diagnosis? Clinical Where 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. R. Geene M. D.
(Address) ...

