

REC'D APR 21 1939

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

12674

Do not use this space.

1. PLACE OF DEATH

(a) County Washington Registration District No. 887
 (b) Township Bretz Primary Registration District No. 2179 Registered No. _____
 (c) City Patton (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

430 Wellington Elliott
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</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>Married</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 16 1870</u>		
7. AGE	YEARS <u>68</u>	MONTHS DAYS <u>10</u>
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Laborer</u>	
	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) <u>Craddock, Mo</u>		
FATHER	13. NAME <u>Joseph Elliott</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
MOTHER	15. MAIDEN NAME <u>Harris Wright</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Genevill</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Will Thomas Patton, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	<u>Patton</u>	DATE <u>Mar 8 1939</u>
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Starko Patton</u>		
20. FILED <u>April 1 1939</u> <u>G. F. Cresswell</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Mar 16 1939</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>March 7 1939</u> to <u>March 16 1939</u> I last saw him alive on <u>March 16 1939</u> Death is said to have occurred on the date stated above, at <u>3 A</u> m. The principal cause of death and related causes of importance were as follows: <u>Lobar Pneumonia following Flu</u> Date of onset _____ Other contributory causes of importance: <u>Flu</u>
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? <u>No</u> If so, specify <u>H. H. Russell</u> , M. D. (Signed) <u>Patton</u> (Address) <u>Patton</u> <u>808</u>

(Licensed Embalmer's Statement on Reverse Side)

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.

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.