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

REC'D OCT 12 1939

Do not use this space.

File No. 32009

Registered No.

1. PLACE OF DEATH 13
County Caldwell
Township Rockford Mo
City (No. St. Ward)
Registration District No. 101
Primary Registration District No. 5149

2. FULL NAME 430 Laura Evelyn 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: 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: James W. Elliott
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 8. 1862
7. AGE: YEARS 75 MONTHS 2 DAYS 4 If LESS than 1 day, hrs. or min.

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): Ohio

FATHER
13. NAME: Wm H. Stillwell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hagerstown Maryland

MOTHER
15. MAIDEN NAME: Margaret Wilkerson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penn.

17. INFORMANT (ADDRESS): W. B. Elliott Kingston Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE: Mirabell DATE: Jan. 14, 1938
19. UNDERTAKER (ADDRESS): Lyle C. Allen Cameron Mo
20. FILED: Feb 1, 1939 Mrs Ora Sloan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 12, 1938
22. I HEREBY CERTIFY That I attended deceased from Sept 14, 1937, to Jan 12, 1938
I last saw her alive on Jan 12, 1938. Death is said to have occurred on the date stated above, at 5 p.m.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis — Date of onset: Dont Know
93C
Other contributory causes of importance:
Chronic Bronchitis and Arteriosclerosis
Name of operation: None 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) W. J. Shouse, M. D.
(Address) Kingston Mo