

~~NEW~~ AUG 19 1940

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

Do not use this space.

SEP 19 1940

1. PLACE OF DEATH  
 County De Kalb 2 Registration District No. 262  
 Township Polk 0 Primary Registration District No. 5364  
 City 430 (No. 430) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Mary Jewel Elliott  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ 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.

28397

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE Wht 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 2 - 1940

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 4 hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. no

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) De Kalb Co 0

13. NAME Alfred Dale Elliott

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) De Kalb Co Miss

15. MAIDEN NAME Mary Violet Hawery

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) De Kalb Co Miss

17. INFORMANT (ADDRESS) Alfred Dale Elliott  
Spring City Miss

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE York DATE Aug 3 1940

19. UNDERTAKER (ADDRESS) no

20. FILED Aug 2 1940 Co. M. Reynolds  
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 2 1940

22. I HEREBY CERTIFY, That I attended deceased from Aug 2 1940 to Aug 3 1940  
 I last saw him alive on Aug 2 1940. 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:  
Premature Birth  
6 months gestation  
 Date of onset \_\_\_\_\_

Other contributory causes of importance: 54

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? no  
 If so, specify \_\_\_\_\_  
 (Signed) E. M. Reynolds M. D.  
 (Address) Quincy St. No 700

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state

