

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.

FILED NOV 13 1941

33837
3772

1. PLACE OF DEATH
County *Jackson* Registration District No. *83*
Township *Kaw* Primary Registration District No. *0*
City *K. C. Mo.* (No. *St. Joseph Hospital*) (Ward)

2. FULL NAME *Alvilda Jane Elliott*
(a) Residence, No. *Parkville R.F.D. St. 1* Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred *27* yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) *widowed*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan - 10*

7. AGE YEARS *68* MONTHS *8* DAYS *24* If LESS than 1 day,hrs. ormin.

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

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) *Missouri*

MOTHER FATHER

13. NAME *Morgan Mattox*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Virginia*

15. MAIDEN NAME *Annanda Brown*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *9*

17. INFORMANT *Mrs. Floy Woodson*
(ADDRESS) *Parkville*

18. BURIAL, CREMATION, OR REMOVAL
PLACE *Walnut Grove* DATE *Oct 7*, 19*41*

19. UNDERTAKER *Holcomb*
(ADDRESS) *Parkville Mo*

20. FILED *10/9*, 19*41* *M. M. Crowe*
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 4*, 19*41*

22. I HEREBY CERTIFY, That I attended deceased from *Aug 1*, 19*41*, to *Oct 4*, 19*41*
I last saw h. alive on *Oct 3*, 19*41*. Death is said to have occurred on the date stated above, at *room*.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
Pneumonia, lobar

Other contributory causes of importance: *108*

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) *J. Underwood, Sr.*, M. D.
(Address) *Parkville, Mo.*

