

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

2

1. PLACE OF DEATH

County Osage Registration District No. 329 File No. 18580
 Township Warrington Primary Registration District No. 5458 Registered No. 18
 City (No.) St. Ward

2. FULL NAME

Samuel Clay 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Hannah C Willis

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 16 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 5 13

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer)

9. BIRTHPLACE (CITY OR TOWN) Morgan Co. Mo
 (STATE OR COUNTRY)

10. NAME OF FATHER Thomas H Elliott

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Pa.
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Margaret Harp

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Morgan Co Mo
 (STATE OR COUNTRY)

14. INFORMANT S. C. Elliott
 (Address) Mill Grove Mo

15. FILED Aug 5 19 23 E. Weung REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 29 1923

17. I HEREBY CERTIFY, That I attended deceased from June 10 1923 to June 29 1923
 that I last saw him... alive on June 29 1923, and that death occurred, on the date stated above, at 8:20 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Interstitial Nephritis

13/1 (duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) 12/1 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED?
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....
 WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) C. L. McClanahan, M. D.
July 5, 1923 (Address) Spencer, Mo

*State the DISEASE CAUSING DEATH or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Edinburg Mo DATE OF BURIAL July 2 1923

20. UNDERTAKER Schivoler & Co ADDRESS Spencer

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.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association.]

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework* or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)* For persons who have no occupation, whatever, write *None*.

Statement of cause of Death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report

"Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary, or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, OR HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

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

1. PLACE OF DEATH

County Effingham Registration District No. 329 File No. 18580
 Township Washington Primary Registration District No. 5458 Registered No. 18
 City (Name) DUNN St. _____ Ward _____

2. FULL NAME

Samuel Clay Elliott
 (a) Residence No. _____ 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (circle the word) Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 29 1923

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 10 1858

17. I HEREBY CERTIFY, That I attended deceased from June 10 1923 to June 29 1923 that I last saw deceased alive on June 29 1923, and that death occurred, on the date stated above, at 3:20 p.m.

7. AGE YEARS MONTHS DAYS 60 63 6 5 12 3

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Interstitial Nephritis

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer Monroe

CONTRIBUTORY (SECONDARY) 121

9. BIRTHPLACE (CITY OR TOWN) Washington Co.
 (STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH.

10. NAME OF FATHER Thomas Elliott

19. DID AN OPERATION PRECEDE DEATH? DATE OF _____
 WAS THERE AN AUTOPSY? _____

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Washington Co.
 (STATE OR COUNTRY)

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) C. L. McClain, M.D.

12. MAIDEN NAME OF MOTHER Margaret Harp

(Address) Spicer, Mo

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Belmont Co.
 (STATE OR COUNTRY)

*State the DISEASE CAUSING DEATH, or is death from VIOLENT CAUSE, state (1) NATURE and NATURES of LESIONS, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

14. INFORMANT S. J. Elliott

18. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL July 2 1923

15. ADDRESS 9111 Main St

19. ADDRESS Edinburgh Mo

FILED Aug 1 1923 REGISTRAR

20. UNDERTAKER Schroeder & Spicer

amended items 2-3 & 6-7 by affidavit for funeral home 9715765 per Bible copy document

[The text in this section is extremely faint and illegible. It appears to be a list of items or a table with multiple columns and rows. Some faint words like "Table", "List", and "Number" are visible, but the specific content cannot be transcribed.]