

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.

27990

1. PLACE OF DEATH

County Morgan
Township Morgan
City (No. _____) _____

Registration District No. 598
Primary Registration District No. 4355

File No. _____
Registered No. 31
St. _____ Ward _____

2. FULL NAME

John Richard 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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Caucasian 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) child

5A. IF MARRIED, WIDOWER, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 29-1926

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
22 7 29

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Morgan Co

10. NAME OF FATHER

Clair L Elliott

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Moniteau Co - Mo

12. MAIDEN NAME OF MOTHER

Melva Laura Moore

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Moniteau Co, Mo

14.

INFORMANT Alvin L. Elliott
(Address) Versailles, Mo.

15.

FILED 8/27 28 H. L. Johnson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 21 1928

17. I HEREBY CERTIFY That I attended deceased from Aug 21, 1928, to Aug 21, 1928, that I last saw him alive on Aug 21, 1928, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cholera Infantum
120 hr

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

DID AN OPERATION PRECEDE DEATH? 0 and DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H. E. Blacksten, M. D.
, 19 (Address) Versailles, Mo. Rt

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Bathes

DATE OF BURIAL

8/22 1928

20. UNDERTAKER

W. F. Kidwell

ADDRESS

Versailles, Mo.

