

1 PLACE OF DEATH

County Columbia

Township _____

or Village Pardeeville

or City _____

(No. _____ St., _____ Ward)

(If death occurred in a hospital or institution give its NAME instead of street and number.)

2 FULL NAME Claude Elliott(a) Residence. No. 1406 Spruce Place St. _____

(Usual place of abode)

Length of residence in City or town where death occurred 0 yrs. 1 mos. 0

STATE OF WISCONSIN

Department of Health—Bureau of Vital Statistics

ORIGINAL CERTIFICATE OF DEATH

Registered No. 8

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 ofLeah Elliott6 DATE OF BIRTH (month, day and year) Nov 17, 18767 AGE Years 46 Months 7 Days 5 If LESS than 1 day, _____ hrs. or _____ min. 47 7 22

8 OCCUPATION

(a) Trade, profession, or particular kind of work Foreman of Garage(b) General nature of industry, business, or establishment in which employed or (employer) Supervising only
Until 9 years ago prof. ball player

9 BIRTHPLACE

(State or country) Wisconsin10 NAME OF FATHER Lafayette Elliott11 BIRTHPLACE OF FATHER (State or country) Pennsylvania12 MAIDEN NAME OF MOTHER Julia Johnson13 BIRTHPLACE OF MOTHER (State or country) New York

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) H. F. Elliott(Address) Pardeeville, Wis.15 File: June 23, 1923 St. Louis REGISTRAR

Filed: _____ 19____ SUB-REGISTRAR

MEDICAL CERTIFICATE OF DEATH

June 22, 1923
(Month) (Day) (Year)I HEREBY CERTIFY, That I attended deceased from June 22, 1923, to June 22, 1923that I last saw him alive on June 22, 1923 and that death occurred on the date stated above, at 2³⁰ a.m.

The CAUSE OF DEATH* was as follows:

amyotrophic lateral sclerosis
(Primary lateral sclerosis of spinal cord)
not 37(Duration) 2 yrs. 6 mos. 7 dys.Contributory Kulter paralysis
(SECONDARY) (Duration) _____ yrs. _____ mos. _____ dys.18 Where was disease contracted if not at place of death? MinnesotaDid an operation precede death? no Date of _____Was there an autopsy? noWhat test confirmed diagnosis? Blood & spinal fluid(Signed) Harry C. Gillette M. D.June 23, 1923 (Address) Pardeeville, Wis.

*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 Pardeeville, Conn. DATE OF BURIAL June 24, 192320 UNDERTAKER L. J. Lintner ADDRESS Pardeeville, Wis.UNCERTIFIED COPY
Not valid for identification purposes
Illegal to copy or publish in any form or by any means, including electronic or mechanical, without the express written permission of the State of Wisconsin.