

T 24 1928

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

Do not use this space.

29878

1. PLACE OF DEATH

County Caldwell,
Township Davis,
City Braymer, (No. _____)

Registration District No. _____
Primary Registration District No. 93
7055

File No. _____
Registered No. 16 (St. _____ Ward _____)

2. FULL NAME Darius W. Else,

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male, 4. COLOR OR RACE White, 5. ~~Single~~ MARRIED, ~~Widow~~ OR DIVORCED (write the word) Married,

5A. If MARRIED, HUSBAND OF Mary V. Else,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept.-8th.-1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 71 0 0

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) _____
(STATE OR COUNTRY) Ills.,

10. NAME OF FATHER Henry Else,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY) England,

12. MAIDEN NAME OF MOTHER Caroline Payne,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) New York,

14. INFORMANT Mrs. Mary V. Else
(Address) Braymer, Mo.

15. FILED Sept 9 28 H. P. Peterson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 8, 1928

17. I HEREBY CERTIFY That I attended deceased from Sept. 6 1928 to Sept 8, 1928 that I last saw him alive on Sept 8, 1928 and that death occurred, on the date stated above, at 5.00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Embolism of Brain

CONTRIBUTORY Chronic myocardiosclerosis
(SECONDARY) Arteriosclerosis
(duration) _____ yrs. _____ mos. _____ da.
Arteriosclerosis
(duration) _____ yrs. _____ mos. _____ da.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Cholesterol

(Signed) Henry P. Peterson, M. D.

Sept 9, 1928 (Address) Braymer, 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL _____ DATE OF BURIAL _____

Braymer Evergreen Cemetery - Sept. 10 - 1928

20. UNDERTAKER _____ ADDRESS _____

E. P. Michael - Braymer, Mo.

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.

12-23-9-D
1878-1-25