

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

Do not use this space.

5765

**1. PLACE OF DEATH**

County Carroll  
Township Engene  
City..... (No. .... St. .... Ward)

Registration District No. 135  
Primary Registration District No. 5201

File No. ....  
Registered No. 14

**2. FULL NAME**

Ira Florine Elder

(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7-6-28

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
— 6 27

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) Carroll Co Missouri  
(STATE OR COUNTRY)

10. NAME OF FATHER Bud Elder

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

12. MAIDEN NAME OF MOTHER Mary Johnson

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

14. INFORMANT Bud Elder  
(Address) Wakena Mo

15. FILED 2-4 1929 Mrs E. E. Farnham  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-3 1929

17. I HEREBY CERTIFY That I attended deceased from 1-16 1929, to 2-3 1929, that I last saw him alive on 1-31 1929, and that death occurred, on the date stated above, at 3:30 p.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Pneumonia Sabar Bacterial

**CONTRIBUTORY (SECONDARY)**

**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?.....

(Signed) J. B. Brown M.D.

2/4, 1929 (Address) Carrollton 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 Graveside DATE OF BURIAL 2/4 1929

20. UNDERTAKER Wiley Bros ADDRESS Carrollton 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.

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MAR 4

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