APR 26 1929

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

Do not use this space.

11449

1. PLACE OF DEATH
County Livingston — Registration District No. 508 — File No.
Township — Primary Registration District No. 3026 — Registered No. 32
City Chillicothe (No. ..., ... St. ..... Ward)

2. FULL NAME Elmer M. Mendenhall
(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~~ Mamie Isreal

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 10, 1879

7. AGE: YEARS 49 — MONTHS 4 — DAYS 21 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Laborer 1171
(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): Harrison Co Mo

PARENTS
10. NAME OF FATHER: L. Mendenhall
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Un Ohio
12. MAIDEN NAME OF MOTHER: Un Known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Un Known

14. INFORMANT: T. R. Mendenhall
(Address) Chillicothe Mo

15. FILED 3/4, 1929. Reuben Barney, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mch. 1 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb. 28, 1929, to Mch. 1, 1929, that I last saw him alive on Mch. 1, 1929, and that death occurred, on the date stated above, at 12 20 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Perforating ulcer of stomach = I do not know how long he had had the ulcer (duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) Perforation (duration) yrs. mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? no. DATE OF —
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? autopsy
(Signed) H. M. Grace, M. D.
3/2, 1929 (Address) Chillicothe 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: Edgewood Cemetery — DATE OF BURIAL: 3-4 1929

20. UNDERTAKER: F. B. Norman — ADDRESS: Chillicothe Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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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