

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

Do not use this space.

13618

108
MAY 2 1929

1. PLACE OF DEATH
 County Nevada Registration District No. 875 File No. _____
 Township Washington Primary Registration District No. 6162 Registered No. 66
 City Deming (No. _____) St. _____ Ward _____

2. FULL NAME Edna M. McElver
 (a) Residence No. St. Hospital # 3 St. _____ Ward _____
 (Usual place of abode) (If none, give city or town and State)
 Length of residence in city or town where death occurred 10 yrs. 8 mos. da. How long in U.S., if of foreign birth? _____ yrs. _____ mos. _____ da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 18 1885
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
44 11 06
 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) De Bary (STATE OR COUNTRY) MO
 10. NAME OF FATHER Benjamin Hays
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Arkansas (STATE OR COUNTRY) _____
 12. MAIDEN NAME OF MOTHER unknown
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unknown (STATE OR COUNTRY) _____

14. INFORMANT St. Hospital Record (Address) _____
 15. FILED 4/10 1929 E. R. King REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 16 1929
 17. I HEREBY CERTIFY, That I attended deceased from Feb _____, 1929, to Mar 16, 1929. that I last saw her alive on Mar 16, 1929, and that death occurred, on the date stated above, at _____ p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary tuberculosis
2 yrs (duration) _____ yrs. _____ mos. _____ da.
 CONTRIBUTORY Infectious Tuberculosis (SECONDARY) _____ (duration) _____ yrs. 2 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? Physical findings
 (Signed) James L. Martin, M. D.
3/17, 1929 (Address) Nevada 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 St. Hospital DATE OF BURIAL 3/18/29
 20. UNDERTAKER Funerary ADDRESS Nevada

K. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY in plain terms, so that it may be properly classified. Exact statement of OCCASION OF DEATH in plain terms, so that it may be properly classified.

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