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

Do not use this space.

17697

JAN 25 1929

1. PLACE OF DEATH
County of Clay — Registration District No. 198 — File No.
Township Fishing River — Primary Registration District No. 3011 — Registered No. 66
City Excelsior Springs, Mo. (No. ..... St. ..... Ward)

2. FULL NAME Charles C. Elledge
(a) Residence. No. U.S.V.Hospital, Excelsior Springs, Mo. Ward. Lawrence, Kansas.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 1 mos. 7 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 2, 1892

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
36	36	5	21	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Cafe owner.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Chambersburg,
(STATE OR COUNTRY) Illinois.

PARENTS
10. NAME OF FATHER L.B.Elledge
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Chambersburg, Illinois.
12. MAIDEN NAME OF MOTHER Della Brooks,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Chambersburg,
(STATE OR COUNTRY) Illinois.

14. INFORMANT deceased.
(Address)

15. FILED 5/23 1929 Y.D. Craven REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 23, 1929. 19

17. I HEREBY CERTIFY, That I attended deceased from April 16, 1929, to May 23, 1929, that I last saw him alive on May 23, 1929, and that death occurred, on the date stated above, at 9:30 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Post Operative Shock
46B
46F
127D (duration) 12 hours. yrs. mos. ds.

CONTRIBUTORY Jaundice, symptomatic obstructive; Carcinoma of Pancreas Carcinoma of Stomach (duration) unknown. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH unknown.
DID AN OPERATION PRECEDE DEATH? yes DATE OF May 23, 1929.
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? operation.
(Signed) H.W. Tobias M.D.
May 24, 1929 (Address) H.W.Tobias, Med.Off.in Temp.Chg. U.S.V.Hosp. Ex.Springs, 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 Ottawa Kans — DATE OF BURIAL May 25 1929

20. UNDERTAKER John C. Prather, Excelsior Springs, Mo. — ADDRESS

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.