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

Do not use this space.

17845

1. PLACE OF DEATH
County Greene — Registration District No. 318 — File No.
Township Springfield — Primary Registration District No. 2001 — Registered No. 416
City Springfield (No. Burge Hospital St. Ward)

2. FULL NAME James M. McElwee
(a) Residence. No. 1544 E. Florida 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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 14 1916

7. AGE Years 12 Months 11 Days 14 If LESS than 1 day, ....hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work In School
(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) Mo

PARENTS
10. NAME OF FATHER J. S. McElwee
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Kan
12. MAIDEN NAME OF MOTHER Pearl Pettigrew
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.

14. INFORMANT J. S. McElwee
(Address) Springfield, Mo.

15. FILED 5-28, 1929 Ann Sharp REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 26, 1929

17. I HEREBY CERTIFY, That I attended deceased from 5-26, 1929 to 5-26, 1929 that I last saw her alive on 5-26, 1929 and that death occurred, on the date stated above, at 6 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Septicemia
151B
36 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Furuncle of Ear
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 150B

2 DID AN OPERATION PRECEDE DEATH? Yes DATE OF 5-26/29
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Laboratory & Operation
(Signed) Henry T. Kerbs M.D.
5/28, 1929 (Address) 456½ E. Comd

*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 Green Lawn Cemetery — DATE OF BURIAL May 28 1929

20. UNDERTAKER J. W. Klingner & Co. 424 E. Comd. St. Springfield 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.

116 Henry F. Knabb,

SPRINGFIELD, Mo