JUL 23 1929

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

Do not use this space.

29772

1. PLACE OF DEATH

County Buchanan. Registration District No. 85

Township Primary Registration District No. 1001

City St Joseph (No. St Joseph Hospital St. Ward)

File No. 29772

Registered No. 773

2. FULL NAME Essie Edith McElroy

(a) Residence. No. St., Ward. Tarkio Mo
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 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)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 30, 1892

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	36	11	20	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House-wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Fairfax
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Alfred Angel

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Clay Co.
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Anna Christian

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

14. INFORMANT Lawrence McElroy
(Address) Tarkio Mo

15. FILED JUN 21 1929 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 20 1929

17. I HEREBY CERTIFY, That I attended deceased from June 15, 1929, to June 20, 1929 that I last saw her alive on June 20, 1929 and that death occurred, on the date stated above, at 10/10 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Intestinal obstruction
122B
139C
149B
(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) Partial Prolapse of Uterus
(duration) several yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Fillmore, Mo
DID AN OPERATION PRECEDE DEATH? yes DATE OF June 16
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? operation & clinical

(Signed) Caryl Potter, M. D
June 20 1929 (Address) 731 Faraon

*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 Tarkio Mo.

DATE OF BURIAL June 22 1929

20. UNDERTAKER H. O. Sidenfaden

ADDRESS 1802 Union St.

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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

cated by check marks, lacking from the death certificate: 773

Name: Essie Edith McElroy

Who died at: St. Joseph, Mo. on June 20, 1929.

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or
town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years ____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) 14563

Birthplace of mother (State or country) _____

CAUSE OF DEATH: Acute Intestinal Obstruction

Contributory: Partial Prolapse of Uterus

Where was disease contracted? At Chicago — birth

Did operation precede death? _____ Date of _____

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