

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

Do not use this space.

33566

1. PLACE OF DEATH

County Henry Registration District No. 347
 Township Clinton Primary Registration District No. 3018
 City Clinton (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 123

2. FULL NAME August D Elger

(a) Residence. No. _____ (Usual place of abode) East Franklin St. _____ Ward _____
 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 <u>M.</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>wid</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Kathleen Elger</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Dec 6 1844</u>		
7. AGE YEARS <u>84</u>	MONTHS <u>10</u>	DAYS <u>3</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Cooper</u>		If LESS than day, hrs. or min.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10/10 1929
 I HEREBY CERTIFY, That I attended deceased from Sept 25, 1929 to Oct 9, 1929 that I last saw him alive on Sept 25, 1929, and that death occurred, on the date stated above, at 7 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
1228 Dementia - senesca
112 X-rayed dead may
have been caused from
nerve. (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 11801 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 11801
 IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) Dorothy Pogue, M. D.
10/9, 1929 (Address) Clinton 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.

9. BIRTHPLACE (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

10. NAME OF FATHER Fredrick Elger

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Don't know

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

14. INFORMANT Carl Elger
 (Address) Clinton Mo

15. FILED Oct 10, 1929 Dr. E. C. Peeler
 REGISTRAR
Prague

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Englewood
 DATE OF BURIAL 10/10 1929

20. UNDERTAKER Rose + Son
 ADDRESS Clinton Mo

N. B.—Every item of information should be carefully supplied. 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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