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

Do not use this space.

36649

File No. 133

Registered No. 133

1. PLACE OF DEATH
County: Lafay
Township: Ft. Hunter
City: Ex Springs (No. ..... St. ..... Ward)
Registration District No. 198
Primary Registration District No. 3011

2. FULL NAME: Elias Terry
(a) Residence. No. 617 Gale St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 10 yrs. 6 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): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb 25-1870

7. AGE: Years 59 | Months 9 | Days 2 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired farmer
(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): Ill

PARENTS
10. NAME OF FATHER: Stephen Terry
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): England
12. MAIDEN NAME OF MOTHER: Mary A. White
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ill.

14. INFORMANT: Mrs Eva Terry
(Address) Excelsior Springs

15. FILED 11/27 1929 W. D. Crane REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 11-27 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov 21st 1929 to Nov 27 1929 that I last saw him alive on Nov 27 1929 and that death occurred, on the date stated above, at 11 30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy
8 8 3
9 0

..... (duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (SECONDARY): Arteriosclerosis
..... (duration) Don't know yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED: At place of death
IF NOT AT PLACE OF DEATH:
DID AN OPERATION PRECEDE DEATH? No DATE OF:
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) A. G. Clark, M. D.
, 19 (Address) Excelsior Spgs 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: Columbia, Mo
DATE OF BURIAL: Nov 29 1929

20. UNDERTAKER: Herbert Hope
ADDRESS: Ex Springs

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.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.