

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

Do not use this space.

37592

1. PLACE OF DEATH

County Jefferson
Township Waller
City De Soto (No. _____)

Registration District No. 420
Primary Registration District No. 5577

File No. _____
Registered No. 117
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dr Geo. W Elders

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 12, 1849

7. AGE YEARS 80 MONTHS 13 DAYS 14 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or Particular kind of work Louse keeper
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Hematite
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER John W Nuff

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Jefferson Co Mo.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Ellen Sharp

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

14. INFORMANT James Lucas
(Address) Hematite

15. FILED 173, 19 24 D L Rausgley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 24 19 29

17. I HEREBY CERTIFY, That I attended deceased from Nov 12th 1929 to Nov 24 1929 that I last saw h _____ alive on _____, 19____, and that death occurred, on the date stated above, at 2.30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia
Collapsing into Lobular

CONTRIBUTORY (SECONDARY) Influenza (duration) _____ yrs. _____ mos. 6 ds.

18. WHERE WAS DISEASE CONTRACTED

8 IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical

(Signed) F. A. Elders, M. D.

M3, 1924 (Address) De Soto 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 DATE OF BURIAL

Hematite Conn Nov 29 1929
20. UNDERTAKER C. H. Barnhart ADDRESS De Soto Mo

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.

MISSOURI STATE BOARD OF HEALTH—THIS IS A PERMANENT RECORD

