

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

Do not use this space.

39689  
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**1. PLACE OF DEATH**

County Boone  
Township Columbia  
City Columbia (No. \_\_\_\_\_)

Registration District No. 73  
Primary Registration District No. 3006

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward) \_\_\_\_\_

**2. FULL NAME**

(a) Residence No. 701 Worley St. 1 Ward \_\_\_\_\_

(Usual place of abode) \_\_\_\_\_ (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yr. 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) Feb. 1-1894

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>35</u>	<u>10</u>	<u>16</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Day Laborer  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

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

10. NAME OF FATHER D. Burr McElbosh

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

12. MAIDEN NAME OF MOTHER Nellie Shaw

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

14. INFORMANT Mrs. Frank Mohr  
(Address) Columbia, Mo.

15. FILED 12-20 1929 Beatrice Grob  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-17-1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 14, 1929, to 12-17, 1929, that I last saw him alive on 12-17-1929, and that death occurred, on the date stated above, at 12:45 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Double lobar pneumonia

CONTRIBUTORY (SECONDARY) primary (duration) yrs. mos. 9 ds.

18. WHERE WAS DISEASE CONTRACTED Ill  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS Clinical

(Signed) J. H. Sawyer M. D.  
12/18, 1929 (Address) Columbia, 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. Cemetery DATE OF BURIAL 12-19 1929

20. UNDERTAKER W. T. Waudelweber ADDRESS Columbia, 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.

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