

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

Do not use this space.

11539

**1. PLACE OF DEATH**  
 County Cedar Registration District No. 4  
 Township \_\_\_\_\_ Primary Registration District No. 3001  
 City Arkville (No. \_\_\_\_\_) St. \_\_\_\_\_ (Ward \_\_\_\_\_)

**2. FULL NAME** James Walter Elkin  
 (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.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** M **4. COLOR OR RACE** W. **5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)** Married

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** Ritha Elkin

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** Aug 28 - 1875

**7. AGE**  
 YEARS 54 MONTHS 7 DAYS 11 1/2  
 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

**8. OCCUPATION OF DECEASED**  
 (a) Trade, profession, or particular kind of work. Clerk  
 (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)** Boon Co Mo

**10. NAME OF FATHER** Jack Elkins

**11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)** \_\_\_\_\_

**12. MAIDEN NAME OF MOTHER** Martha Jane Fossett

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)** \_\_\_\_\_

**14. INFORMANT** Mrs James Elkin  
 (Address) \_\_\_\_\_

**15. FILED** 4/2 1930 Ed Becker Deputy REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** 4/12 1930

**17.** I HEREBY CERTIFY, That I attended deceased from Apr 4 1930, to Apr 12 1930, that I last saw him alive on Apr 12 1930, and that death occurred, on the date stated above, at 11 00 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Ulcer of Stomach  
117A  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**CONTRIBUTORY (SECONDARY)** 117A  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

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

**19. DID AN OPERATION PRECEDE DEATH?** Yes DATE OF Apr 5, 30  
 WAS THERE AN AUTOPSY? \_\_\_\_\_  
 WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_  
 (Signed) Pro W. G. ... M. D.  
 (Address) Huber ...

\*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** Hallsville Mo **DATE OF BURIAL** 4/13 1930

**20. UNDERTAKER** Summers & Son **ADDRESS** Arkville 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.

WITH UNFADING INK—THIS IS A PERMANENT RECORD

MAY 22 1930

1930 4-12  
1875-8-28  

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54.7-14