

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

Do not use this space.

12041-a

**1. PLACE OF DEATH**

County Clay Registration District No. 148  
 Township Fishing River Primary Registration District No. 3011  
 City Excelsior Springs (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

John Patcher Eldred  
 (a) Residence No. 310 East E St. \_\_\_\_\_ Ward Kearney Mbr.  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. 2 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 Nellie Eldred.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 3, 1867

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,	
				hrs.	min.
	<u>62</u>	<u>4</u>	<u>28</u>		

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work \_\_\_\_\_  
 (b) General nature of industry, business, or establishment in which employed (or employer) Harding Cream Co.  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Providence  
 (STATE OR COUNTRY) Rhode Island

10. NAME OF FATHER Thomas W. Eldred  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Rhode Island  
 (STATE OR COUNTRY) \_\_\_\_\_  
 12. MAIDEN NAME OF MOTHER Carry Patcher  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Rhode Island  
 (STATE OR COUNTRY) \_\_\_\_\_

14. INFORMANT Mrs. Nellie Eldred  
 (Address) Kearney Mbr.

15. FILED 4/26 1930 J. D. Craven  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 26 1930  
 17. I HEREBY CERTIFY, That I attended deceased from April 6, 1930, until I last saw him alive on April 25, 1930, and that death occurred, on the date stated above, at 5:28 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cerebral softening  
about (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 CONTRIBUTORY (SECONDARY) unable to enter mine (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED Nebraska  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_  
 19. DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS Chemical Laboratory  
 (Signed) W. J. Jumps M. D.  
4/26, 1930 (Address) Excelsior Springs, 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 Kearney Mbr. DATE OF BURIAL 4/28 1930

20. UNDERTAKER John C. Patcher - Excelsior Springs  
 ADDRESS \_\_\_\_\_

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

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.

MAY 23 1930

