

SEP 25 1930

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

Do not use this space.

27230

1. PLACE OF DEATH

County Linn

Registration District No. 496

Township Brookfield

Primary Registration District No. 3025

City Brookfield (No. 1)

File No. \_\_\_\_\_

Registered No. 63

St. \_\_\_\_\_ Ward) \_\_\_\_\_

2. FULL NAME

Robert Tate McElhinney

(a) Residence. No. 109 G Park St. 1st Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 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 White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Effie J. McElhinney

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 15 1843

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 87 5 22

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) Jefferson County Penn.

10. NAME OF FATHER John McElhinney

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

12. MAIDEN NAME OF MOTHER Harriet Grace Henry

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

14. INFORMANT Jas McElhinney (Address) 109 G Park

15. FILED 9/21, 1930 Jane Evans Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 7 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1929, to Aug 7, 1930 that I last saw h. alive on Aug 7, 1930, and that death occurred, on the date stated above, at 2:45 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Sarcoma Left Ear  
(duration) 1 yrs. 8 mos. ds.

CONTRIBUTORY (SECONDARY) 48 (duration) \_\_\_\_\_ yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? No. DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical (Signed) E. A. Stinchley, M. D. 8/8, 1930 (Address) Brookfield 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 Rosed Hill Cemetery DATE OF BURIAL Aug 9 1930

20. UNDERTAKER James J. Bowden ADDRESS Brookfield

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.

DEPARTMENT RECORD

1975-1976