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.

NOV 23 1931

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

Do not use this space.

33774

1. PLACE OF DEATH
County Callaway C
Township ~~Fulton~~
City Fulton MO (No. ..., ... St. ..... Ward)

Registration District No. 104
Primary Registration District No. 3008

File No. .....
Registered No. 226

2. FULL NAME Elisha La Donnell
(a) Residence, No. Monroe Co MO St., ... Ward. State Hospital NO 1
(Usual place of abode) (If nonresident, give city or town and State)
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 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 Married

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) —

7. AGE YEARS 65 MONTHS — DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (month and year) DK
11. Total time (years) spent in this occupation DK

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DK

FATHER
13. NAME DK
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DK

MOTHER
15. MAIDEN NAME DK
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DK

17. INFORMANT (ADDRESS) State Hospital NO 1

18. BURIAL, ~~CREMATION, OR~~ REMOVAL
PLACE Monroe City MO DATE Oct 19 1931

19. UNDERTAKER (ADDRESS) Wilson & Son Monroe City MO

20. FILED Oct 19, 1931 R. N. Creese Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 19 1931

22. I HEREBY CERTIFY, That I attended deceased from July 8 1931, to Oct 19 1931
I last saw h— alive on Oct 19 1931. Death is said to have occurred on the date stated above, at 10 A.m.
The principal cause of death and related causes of importance were as follows:

Psychosis Cerebro Spinal Syphilis
34
Other contributory causes of importance: —
Psychosis Cerebro Spinal Syphilis

Date of onset

Name of operation None Date of .....
What test confirmed diagnosis? — Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
None
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) H. H. Young, M. D.
(Address) State Hospital NO 1 Fulton MO