

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.

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

35517

File No. 240  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward) \_\_\_\_\_

## 1. PLACE OF DEATH

County

Township

City

Registration District No.

Primary Registration District No.

## 2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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

F.

4. COLOR OR RACE

W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Child

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

Child

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

May 12<sup>th</sup> 1927

7. AGE

YEARS

4

MONTHS

5

DAYS

16

If LESS than 1

day, ..... hrs.

or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

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

Madison Co. Mo.

FATHER

13. NAME

Charles D. Elders

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Barba Mo.

MOTHER

15. MAIDEN NAME

Lora Pearl Tripp

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Madison Co. Mo.

17. INFORMANT (ADDRESS)

L. H. Elders  
Cathart Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Will Creek

DATE

Oct 29 1931

19. UNDERTAKER (ADDRESS)

Coldwell Brothers

20. FILED

Oct 31 1931 W. J. Bryan Registrar

## MEDICAL CERTIFICATE OF DEATH

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

10-28-1931

22. I HEREBY CERTIFY, That I attended deceased from

Oct. 28, 1931, to Oct 28, 1931

I last saw him alive on Oct 25, 1931. Death is said

to have occurred on the date stated above, at 6:50 P.M.

The principal cause of death and related causes of importance were as follows:

Dysphagia

Date of onset

10-27-31

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Clinical Was there an autopsy? No

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.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

W. J. Bryan, M. D.

(Address)

J. A. Bryan

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