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.

41373

1. PLACE OF DEATH
County Johnson. Registration District No. 431 File No.
Township Warrensburg Primary Registration District No. 3023 Registered No.
City Warrensburg (No. , St. Ward)

2. FULL NAME James Verle Ele.
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(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: 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: Mrs. Retta Ele.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July. 24, 1889

7. AGE: YEARS 42 MONTHS 5 DAYS 5 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic, Auto.
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): Harrison CO. MO.

FATHER
13. NAME: A. M. Ele.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ind.

MOTHER
15. MAIDEN NAME: Cassinda Bondurant.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Harrison Co. Mo.

17. INFORMANT (ADDRESS): Mrs. Retta Ele. Warrensburg. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Liberty Cem DATE: Jan. 1. 1932

19. UNDERTAKER (ADDRESS): R. Q. Phillips. Warrensburg. Mo.

20. FILED Dec 31, 1931 Wm R Patterson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 30, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec. 30th 1931 to Dec. 30th 1931
I last saw him alive on Dec. 29th 1931. Death is said to have occurred on the date stated above, at 12:15 A. M.
The principal cause of death and related causes of importance were as follows:

Acute dilatation of heart — Date of onset

118 — 115C — 35B

Other contributory causes of importance:

Acute indigestion

Name of operation 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.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) O. B. Hall, M. D.
(Address) Warrensburg, Mo.