

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

Do not use this space.

15038

**1. PLACE OF DEATH**

104 County Stout  
Township Washington  
City Galena (No. ....)

Registration District No. 843  
Primary Registration District No. 6106

File No. ....  
Registered No. .... St. .... Ward)

**2. FULL NAME**

Elmer Newel Frank Standridge

(a) Residence. No. .... St. .... Ward. ....  
(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 Sylvia Daniels Standridge

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1894 - Jan. 26

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
38      2      15

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. common laborer  
(b) General nature of industry. 237

which employed (or employer) .....  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Galena Mo. 10  
(STATE OR COUNTRY)

10. NAME OF FATHER Sam Standridge

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ark. 2  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Ullie Neuch

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo. 1  
(STATE OR COUNTRY) Harrison Co.

14. INFORMANT Alice Standridge  
(Address) Galena Mo.

15. FILED May 5 1932 Nellie H. Tromley  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 10 1932

17. I HEREBY CERTIFY, That I attended deceased from Apr 10 1932 to Apr 7 1932  
that I last saw him alive on Apr 7 1932, and that death occurred, on the date stated above, at 4: a m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

23A. Pulmonary TB -

(duration) 2 yrs. .... mos. .... ds.

**CONTRIBUTORY (SECONDARY)**

(duration) .... yrs. .... mos. .... ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH. yes (1)

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? W.B. White, M.D.  
(Signed) [Signature] M. D.

, 19 (Address) Galena 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 Galena DATE OF BURIAL 4-11 1932

20. UNDERTAKER Gra Hunt ADDRESS Galena Mo.

Very 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.

CAUSE OF DEATH

Prof

State

James P. O.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Stone  
Township Washington  
City Galena (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 843  
Primary Registration District No. 6106

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

**2. FULL NAME**

Elmer Newel Standridge

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

**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 Sylvia Daniel Standridge

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
38 2 15

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

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) Galena, Mo.

13. NAME Sam Standridge

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

15. MAIDEN NAME Alice Back

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

17. INFORMANT (ADDRESS) Alice Standridge Galena Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE \_\_\_\_\_ 19 \_\_\_\_\_

19. UNDERTAKER (ADDRESS)

20. FILED May 5, 1932 Nellie H. Trombly Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 9, to Apr 7, 1932

Last saw him alive on Apr 7, 1932. Death is said to have occurred on the 10 stated above, at 4 a.m.

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

My father (by fatal)  
of Pulmonary Tuberculosis

Other contributory causes of importance: 23

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 \_\_\_\_\_, 1932

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?

If so, specify \_\_\_\_\_

(Signed) J. H. Young, M. D.

(Address) Galena Mo.

N. B.—Every item of information should be carefully supplied. AGE should be carefully classified. CAUSE OF DEATH in plain terms, so that it may be properly classified. REGISTERARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW. ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

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