

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

Do not use this space.

29106

1. PLACE OF DEATH

45⁵ County... Howard.....
2 Township.....
4 City... Fayette..... (No.....,

Registration District No. 378
Primary Registration District No. 4222

File No.....
Registered No. 65.....
St. Ward)

2. FULL NAME Issac Elgin,

(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 Black | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married, |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ellen Elgin | | |
| 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8/6 1852 | | |
| 7. AGE 80 | YEARS I | MONTHS I |
| | DAYS 4 | IF LESS than 1 day, hrs. or min. |

8. OCCUPATION OF DECEASED **Farmer.**

(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY) 1

10. NAME OF FATHER Miram Elgin,

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

12. MAIDEN NAME OF MOTHER Kitty Elgin,

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

14. INFORMANT Ellen Elgin,
(Address) Fayette Mo

15. FILED Oct. 1, 1932 V. O. Bonham
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9/8/32 1932
17. I HEREBY CERTIFY, That I attended deceased from 9-3-32 1932, to 9-6-32 1932, and that I last saw him alive on 9-3-32 1932, and that death occurred, on the date stated above, at 7:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral hemorrhage
275
97
..... (duration) yrs. mos. 4 ds.
CONTRIBUTORY Arteriosclerosis
(SECONDARY)
..... (duration) 5 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? none
(Signed) W. B. Sloan, M. D.
19 (Address) Fayette 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, ~~PREPARATION OR~~ REMOVAL City Cometary 9/8/32
DATE OF BURIAL 1932

20. UNDERTAKER Guy T. Halley. Fayette, Mo
ADDRESS

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.

UCI 26 1932

PARENTS



