

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

Do not use this space.
36094
17

1. PLACE OF DEATH
 49 County Gasper Registration District No. 401
 7 Township Jordan Primary Registration District No. 2002
 5 City Jordan (No. _____) St. _____ Ward _____
 2. FULL NAME Daniel A. Elrod Freeman Hospital
 (a) Residence, No. 232 W 9th St. _____ Ward _____
 (Usual place of abode) _____ (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 9 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 married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ada Elrod
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 2 - 1900
 7. AGE YEARS 32 MONTHS 5 DAYS 7
 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mill man
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lead & Zinc
 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) Ada, Texas
 13. NAME D. A. Elrod
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas
 15. MAIDEN NAME Daisy Ward
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas
 17. INFORMANT Mrs. W. H. ... (M. S. Sec.)
 (ADDRESS) Paris Springs
 18. BURIAL, CREMATION, OR REMOVAL PLACE Free Mast DATE 11/10/32
 19. UNDERTAKER Harvey ...
 (ADDRESS) 179 32nd Avenue Clark
 20. FILED _____ 1932 _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

2. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-9, 1932
 22. I HEREBY CERTIFY, That I attended deceased from 11-8 1932 to 11-9 1932
 I last saw him alive on 11-9 1932 Death is said to have occurred on the date stated above, at 12:30 P.M.
 The principal cause of death and related causes of importance were as follows:
Meningitis (non epidemic form)
Influenza
 Other contributory causes of importance:
 Name of operation _____ Date of _____
 What test confirmed diagnosis Spinal puncture 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) Chas J Reed, M. D.
 (Address) Jasper Mo.

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. JAN 9 1933

WRITE FULLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

7-5 47/12