

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.

40382

1. PLACE OF DEATH

54 County Lafayette
Township Davis
City (No.) (No.) (No.)

Registration District No. 454
Primary Registration District No. 5624B

File No. _____
Registered No. 11
St. _____ Ward _____

2. FULL NAME

John Madison Elsea

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

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 Sallie Eliza Jackson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-28-1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 3 8

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

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) Alma, Mo. 1

13. NAME John Gustaves Elsea 2

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia 2

15. MAIDEN NAME Mary Leticia Cooper

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alma, Mo. 1

17. INFORMANT (ADDRESS) Mary Elsea
Alma, Mo.

18. BURIAL, CREMATION, OR REINTERMENT PLACE Blackburg, Mo. DATE 12/26-1932

19. UNDERTAKER (ADDRESS) A. H. Brewer
Alma, Mo.

20. FILED 12-27-1932 J. G. Winterscher
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-24, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 23, 1932, to Dec 24, 1932

I last saw him alive on Dec 23, 1932. Death is said to have occurred on the date stated above, at 5:50 P. M.

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

Heart Failure Date of onset

Other contributory causes of importance:

Permeable Anemia

Name of operation none 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) J. M. Farmer, M. D.

(Address) Alma, Mo.

