

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

Do not use this space.

41348
331

1. PLACE OF DEATH

County St. Francois
Township St. Francois
City Flat River (No.)

Registration District No. 274
Primary Registration District No. 00180

File No.
Registered No.
St. Ward)

2. FULL NAME

Alberta E Elders

(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 <u>7</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Child</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Child</u> 1917		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 13 - 1917</u>		
7. AGE	YEARS <u>14</u>	MONTHS <u>11</u>
	DAYS <u>23</u>	If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>school girl</u>
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

MOTHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Flat River Mo</u>
13. NAME <u>Thomas F Elders</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Remy Co Mo</u>
15. MAIDEN NAME <u>Esther Mahan</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Madison Co. Mo</u>

FATHER

17. INFORMANT <u>Mr. T. F. Elders</u> (ADDRESS) <u>Flat River Mo</u>
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BURIAL

18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Parkview</u> DATE <u>12-7</u> 19 <u>32</u>
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UNDERTAKER

19. UNDERTAKER <u>Cradwell Bros.</u> (ADDRESS) <u>Flat River Mo</u>

FILED

20. FILED <u>Dec 30</u> 19 <u>32</u> <u>W. J. Bryan</u> Registrar.
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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-6 1932

22. I HEREBY CERTIFY, That I attended deceased from 11 ~~12~~ 16 1932, to 12-6 1932

I last saw h. w. alive on 12-5 1932. Death is said to have occurred on the date stated above, at 8:30 a.m.

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

acute myocarditis with Dilatation of heart Date of onset 12-5-32

Other contributory causes of importance:

Tuberc. Pneumonia

acute Rheumatic Fever

Pyelitis

Name of operation none Date of

What test confirmed diagnosis? physical examination Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? L Date of injury L, 1932
Where did injury occur? L (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury L
Nature of injury L

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Paul L. Jones, M. D.
(Address) Chicago, 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.

WRITE PLAINLY, WITH UNFADING INK...THIS IS A PERMANENT RECORD

94
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