

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

Do not use this space.

41355

1. PLACE OF DEATH

County St. Francis
Township Perry
City Bonne Terre, Mo.

Registration District No. 775
Primary Registration District No. 6020

File No. _____
Registered No. 90
St. _____ Ward _____

2. FULL NAME

Lillian Nadine Elders

(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 F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 1915

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
17 4 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl
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) Flat River Mo

13. NAME Thomas F. Elders

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Co Mo

15. MAIDEN NAME Esther Hahn

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

17. INFORMANT (ADDRESS) Thomas F. Elders

18. BURIAL, CREMATION, OR REMOVAL PLACE Buried in cemetery DATE 12-26-32

19. UNDERTAKER (ADDRESS) Baldwell Bros

20. FILED 12/16/32 19 32 T. C. Don Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 9 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 3:52 a. m.

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

Typhoid fever Date of onset 12/14/32

Other contributory causes of importance: Ante appendicitis 12/9/32
Broncho-pneumonia 12/11/32

Name of operation Appendectomy Date of 12/9/32

What test confirmed diagnosis? Thyphoid 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) Daniel Edmund, M. D.

(Address) Bonne Terre, Mo.

