

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

Do not use this space.

19892

1. PLACE OF DEATH

County Jackson
Township Raw
City W. Mo

Registration District No. 399
Primary Registration District No. 1002
(No. Special Hosp)

File No. _____
Registered No. 2608
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. unknown 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>male</u>	4. COLOR OR RACE <u>wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Nelie Elkins</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>unknown</u>		
7. AGE YEARS <u>about 65</u>	MONTHS	DAYS
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>unknown</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

MOTHER FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>
	13. NAME <u>unknown</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>
	15. MAIDEN NAME <u>unknown</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>
	17. INFORMANT (ADDRESS) <u>E. J. Reftch 538 Campbell St</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>maple hill</u> DATE <u>6/23</u>	
19. UNDERTAKER (ADDRESS) <u>P. B. Sabatino 538 Campbell St</u>	
20. FILED <u>6-23</u> 19 <u>33</u> <u>M. M. Lemme</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/19/33 19__

22. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner 19__

I last saw h. _____ alive on _____, 19__ Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:
Wood alcohol poisoning Date of onset 17/17

Other contributory causes of importance: 49

Name of operation Autpm Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide Accident Date of injury 6/19/33
Where did injury occur? unknown
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. unknown

Manner of injury Drank wood alcohol (B)
Nature of injury poisoning

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) W. H. Raw Dept. Cor
(Address) _____

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

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