

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

Do not use this space.

1. PLACE OF DEATH

64 County Marion Registration District No. 5747
 Township Mason Primary Registration District No. 3009
 City Hannibal (No. Revering Hospital)

File No. _____
 Registered No. 28433
 St. _____ Ward 6

2. FULL NAME

William Joseph Elder
 (a) Residence, No. 1124 Ely St. 3 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>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 8 - 1930</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>3</u>	<u>3</u>	<u>23</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</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 _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hannibal Mo.</u>				
FATHER	13. NAME <u>Frank Frances Elder</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hannibal Mo.</u>			
MOTHER	15. MAIDEN NAME <u>Irene Guthrie</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hannibal Mo.</u>			
17. INFORMANT <u>Frank Frances Elder</u> (ADDRESS) <u>Hannibal Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Ignace Cemetery</u> DATE <u>Sept. 3 - 1933</u>				
19. UNDERTAKER <u>Ray W. Dehgan</u> (ADDRESS) <u>Hannibal Mo.</u>				
20. FILED <u>Sept 15</u> 19 <u>33</u> <u>R. W. Isbesler</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 1 - 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 28, 1933 to Sept 1, 1933

I last saw him alive on Aug 29, 1933 Death is said to have occurred on the date stated above, at 7:15 a.m.

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

Other contributory causes of importance:
1200 1110

Name of operation no Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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) W. J. Elder, M. D.
 (Address) Hannibal Mo.

Date of onset
8-18-33

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

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.

OCT 20 1933

