

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.

JAN 26 1934

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

Do not use this space.

39005

1. PLACE OF DEATH

County Madair
Township Salt River
City Brushier (No. _____)Registration District No. 4
Primary Registration District No. 4001File No. _____
Registered No. 217 St. _____ Ward _____

2. FULL NAME

James Thomas Elkins(a) Residence, No. _____ St. _____ Ward. Brushier Mo
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 23 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M.</u>	4. COLOR OR RACE <u>W</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>Lura Belma Elkins</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 19, 1874</u>		
7. AGE YEARS <u>61</u>	MONTHS <u>8</u>	DAYS <u>0</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Pharmacist</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Dungstone</u>		
10. Date deceased last worked at this occupation (month and year) <u>Oct 23, 1933</u>		11. Total time (years) spent in this occupation <u>50 yrs</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ozark, Mo.</u>		
13. NAME <u>Hydon R. Elkins</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>		
15. MAIDEN NAME <u>Petty</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>		
17. INFORMANT <u>D. B. Elkins</u> (ADDRESS) <u>Brushier, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Maple Hill</u> DATE <u>Dec 11, 1933</u>		
19. UNDERTAKER <u>R. E. Easley, Jr.</u> (ADDRESS) <u>Brushier, Mo.</u>		
20. FILED <u>Dec 10, 1933</u> <u>Spencer Freeman</u> Registrar.		

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 9, 193322. I HEREBY CERTIFY, That I attended deceased from Oct 24, 1933 to death, 1933I last saw him alive on Dec 9, 1933. Death is saidto have occurred on the date stated above, at 4 P.M.

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

Cirrhosis of Liver
Portal obstruction
Ascites
1941
93A
Other contributory causes of importance:
Myocarditis, Ascites
1950

Date of onset	<u>April 1933</u>
<u>3 months</u>	
<u>3 months</u>	
<u>1 month</u>	

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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 _____, 1933

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? _____

If so, specify

(Signed) Ralph O. Stickler, M. D.(Address) Kirksville Mo.

