

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

Do not use this space.

1. PLACE OF DEATH

County Lincoln
Township Elberry
City Elberry (No. 3)

Registration District No. 486
Primary Registration District No. 429.3

File No. 1783
Registered No. 3
St. _____ Ward _____

2. FULL NAME

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 27-1856

7. AGE YEARS 78 MONTHS — DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. Retired Farmer

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) Lincoln Mo (STATE OR COUNTRY) MO

13. NAME J. L. Danderson

14. BIRTHPLACE (CITY OR TOWN) Idaho (STATE OR COUNTRY) Idaho

15. MAIDEN NAME Suzanne Norway

16. BIRTHPLACE (CITY OR TOWN) Lincoln Co (STATE OR COUNTRY) MO

17. INFORMANT Mrs. W. S. Sanders (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Ridge on Jan 30 1934

19. UNDERTAKER W. O. Bradley (ADDRESS) Elberry Mo

20. FILED 2-10 19 34 C. E. Powell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 29-1934

22. I HEREBY CERTIFY, That I attended deceased from Dec-19- 1933, to Jan-29- 1934

I last saw him alive on Jan-29- 1934. Death is said to have occurred on the date stated above, at 1:20 a.m.

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

Uremic Poisoning
Causing fibrillation
of heart. Date of onset _____

Other contributory causes of importance: 1326

NEPHRITIS

Name of operation none Date of _____

What test confirmed diagnosis? urine Was there an autopsy? _____

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) F. V. KEELING, M. D.

(Address) ELSBERRY, 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.

FEB 27 1934

