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.

DEC 12 1934

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

Do not use this space.

File No. 5659-A

Registered No.

1. PLACE OF DEATH

County McDonald — Registration District No. 315

Township Prairie — Primary Registration District No. 4311

City Southwest City Mo (No. ..... St. ..... Ward)

2. FULL NAME James Monroe Elledge

(a) Residence, No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Anna Pittman Elledge

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 26th 1854

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	77	10	25	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming

10. Date deceased last worked at this occupation (month and year) 1920

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Granby Missouri

FATHER

13. NAME William Farmer Elledge

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

MOTHER

15. MAIDEN NAME Mira Fargerson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT (ADDRESS) Mrs J. M. Elledge Southwest City Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Southwest City DATE Feb 22nd, 1934

19. UNDERTAKER (ADDRESS) Nichols Brothers Southwest City Mo

20. FILED 3/8 1934 John J. Nichols Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 21st 1934

22. I HEREBY CERTIFY, That I attended deceased from August 1933, to Feb. 20, 1934

I last saw him alive on Feb 20, 1934. Death is said to have occurred on the date stated above, at 8.50 m. A. M.

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

	Date of onset
Chronic valvular lesion of the heart	
93 A	

Other contributory causes of importance:

None

Name of operation ..... 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? ..... 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? .....

If so, specify .....

(Signed) G. U. Payne, M. D.

(Address) Southwest City Mo