

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

Do not use this space.

MAY 25 1934

1. PLACE OF DEATH

County Cass
Township Grand River
City Harrisonville (No. _____)

Registration District No. 156
Primary Registration District No. 4090

File No. 12169
Registered No. 35
St. _____ Ward _____

2. FULL NAME

Aaron Rhodes Elder

(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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 5 1934

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eva H. Elder

I HEREBY CERTIFY, That I attended deceased from Jan 4 1933 to Apr 5 1934

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 23 1854

Last saw him alive on Apr 5 1934 Death is said to have occurred on the date stated above, at _____ m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
79 4 12

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

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

Coronary Embolism (anginal pectoris) Date of onset _____

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 _____

Chr. Myocardite
Arterial Hypertension

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

13. NAME Josiah Elder

Name of operation _____ Date of _____

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

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

15. MAIDEN NAME Sarah Rhodes

23. If death was due to external causes (violence), fill in also the following:

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

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

17. INFORMANT Elh Elder (ADDRESS) Harrisonville Mo.

Where did injury occur? _____ (Specify city or town, county, and State)

18. BURIAL, CREMATION, OR REINTERMENT PLACE Oakland Cemetery DATE Apr 8, 1934

Specify whether injury occurred in industry, in home, or in public place.

19. UNDERTAKER (ADDRESS) Harrisonville Mo.

Manner of injury _____

20. FILED 4/5 19 34 285 Registrar

Nature of injury _____

24. Was disease of injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) David E Long M. D.
(Address) Harrisonville

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

213
2
2
2

