

MAY 25 1934

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

Do not use this space.

13898

1. PLACE OF DEATH

County Polaski
Township Liberty
City Richland (No. _____)

Registration District No. 712
Primary Registration District No. 5941

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

2. FULL NAME

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (circle the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 11 - 1847

7. AGE YEARS 87 MONTHS 1 DAYS 26 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, 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) (STATE OR COUNTRY) Richmond Ohio13. NAME W. J. Eldridge14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sylvania15. MAIDEN NAME Stenson16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cumden Co Mo17. INFORMANT Mr. Harry C. ... (ADDRESS) Richland Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Roughly DATE 4-6 193419. UNDERTAKER W. B. ... (ADDRESS) Richland Mo20. FILED 4-5 1934 Overt A. Oliver Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-5-193422. I HEREBY CERTIFY, That I attended deceased from 4-1-1934, to 4-5-1934I last saw him alive on 4-5-1934. Death is saidto have occurred on the date stated above, at 11:30 a.m.

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

Cerebral Apoplexy Date of onset 4-1-193402A17 92AOther contributory causes of importance: Arteriosclerosis 4-1-1924Name of operation none Date of _____What test confirmed diagnosis? 2nd side 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 _____, 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) Overt A. Oliver, M. D.(Address) Richland, 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.

