

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

Do not use this space.

1. PLACE OF DEATH

County Boone
Township Columbia
City Columbia (No. _____)

Registration District No. 73
Primary Registration District No. 3006

File No. 15749
Registered No. 141
St. _____ Ward _____

2. FULL NAME

Thomas D. Elder

(a) Residence, No. 301 Ridgeway St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 7 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>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widower</u>	
		5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Nellie M. Elder</u>	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>5-18-1856</u>			
7. AGE	YEARS <u>78</u>	MONTHS <u>0</u>	DAYS <u>12</u>
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>-</u>		
	10. Date deceased last worked at this occupation (month and year) <u>✓</u>		
	11. Total time (years) spent in this occupation <u>✓</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u> <u>San E. Elder</u>			
FATHER	13. NAME <u>Sam E. Baker</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>		
MOTHER	15. MAIDEN NAME <u>Elizabeth Gray</u>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>		
17. INFORMANT (ADDRESS) <u>Mary Wainecott</u> <u>Columbia, Mo.</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Midway</u> DATE <u>6-1-34</u>			
19. UNDERTAKER (ADDRESS) <u>Baker F. D. (M.T.U.)</u> <u>Columbia, Mo.</u>			
20. FILED <u>6/14/34</u> <u>Allie Selby</u> Registrar			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-30-1934

22. I HEREBY CERTIFY, That I attended deceased from 2-1-1934 to 5-31-1934
I last saw him alive on 5-27-1934 Death is said to have occurred on the date stated above, at 8:30 P.M.
The principal cause of death and related causes of importance were as follows:
Apoplexy cerebral
Hypertension
Bronchitis Chronic
Date of onset 5/22/34

Other contributory causes of importance:
Hypertension
Bronchitis Chronic
21/33
2/1/33

Name of operation _____ Date of _____
What test confirmed diagnosis? Paralysis 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) W. O. Fischer M. D.
(Address) Columbia, Mo.

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.

JUL 20 1934

