

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

Do not use this space

Dr. C. B. Elkins  
24153  
390

SEP 18 1934

1. PLACE OF DEATH  
County Greene Registration District No. 318  
Township \_\_\_\_\_ Primary Registration District No. 2001 File No. \_\_\_\_\_  
City Springfield Mo. No. 1201 S. Waller St. \_\_\_\_\_ Registered No. \_\_\_\_\_  
Ward \_\_\_\_\_

2. FULL NAME Wm. Beman Elkins  
(a) Residence, No. 1201 S. Waller St. Ward \_\_\_\_\_ (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 Male  
4. COLOR OR RACE white  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 29-1876  
7. AGE YEARS 58 MONTHS 5 DAYS 1  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. credits & loans  
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) Christian Co. Mo.  
13. NAME H. R. Elkins  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.  
15. MAIDEN NAME Amanda Petley  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.  
17. INFORMANT Mrs. Jane A. Elkins  
(ADDRESS) 1201 S. Waller  
18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Park Aug 12 1934  
19. UNDERTAKER (ADDRESS) Wm. S. Meyer  
Springfield Mo.  
20. FILED 8-1 19 34

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30 1934  
22. I HEREBY CERTIFY That I attended deceased from Jan 1 19 34 to July 30 19 34  
I last saw him alive on July 26 19 34 Death is said to have occurred on the date stated above, at 6:50 PM m.  
The principal cause of death and related causes of importance were as follows:  
10480  
104  
Chronic Sinusitis  
Tribial Neuralgia  
Other contributory causes of importance:  
Meningo Encephalitis  
Name of operation Drainage of Sinus  
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? NO  
If so, specify \_\_\_\_\_  
(Signed) C. B. Elkins M. D.  
(Address) 3187 1/2 College St

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.

