

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

Do not use this space.

25283

1. PLACE OF DEATH

County Lawrence Registration District No. 467 File No. _____
 Township Aurora Primary Registration District No. 4280 Registered No. 266
 City Aurora (No. 5 East Lee) St. _____ Ward _____

2. FULL NAME Alfred Roland Elsey

(a) Residence, No. 5 East Lee 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 9, 1931
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 7 24

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 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) Aurora (STATE OR COUNTRY) Missouri

FATHER
 13. NAME John W Elsey

14. BIRTHPLACE (CITY OR TOWN) Barry County (STATE OR COUNTRY) Missouri

MOTHER
 15. MAIDEN NAME Laura Irene Rankin

16. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY) _____

17. INFORMANT John W Elsey (ADDRESS) Aurora Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Aurora Mo. DATE July 4 1934

19. UNDERTAKER King Funeral Home (ADDRESS) Aurora Mo.

20. FILED 7-3 1934 P. D. Cannon, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3 1934

22. I HEREBY CERTIFY, That I attended deceased from June 26, 1934, to July 3, 1934.
 I last saw him alive on July 3, 1934. Death is said to have occurred on the date stated above, at 8.40 a.m.

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

Diocolitis Date of onset 6-23-34

120 B 120 h
 Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical 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) Thomas D. Miller, M. D.
 (Address) Aurora, 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.

AUG 13 1934

