

FEB 8 1935

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

Do not use this space. **B**

33637-2

1. PLACE OF DEATH

County Fernsecat Registration District No. 655
Township Steel Mo Primary Registration District No. 4392
City Steel Mo (No. _____) St. _____ Ward _____

2. FULL NAME

Elijah Still
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 2 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-27-185

7. AGE YEARS 83 MONTHS 1 DAYS 20 If LESS than 1 day, _____ hrs. _____ min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. L

10. Date deceased last worked at this occupation (month and year) L 11. Total time (years) spent in this occupation L

12. BIRTHPLACE (CITY OR TOWN) Billb Hill Tenn
(STATE OR COUNTRY)

MOTHER FATHER 13. NAME George Still

14. BIRTHPLACE (CITY OR TOWN) Clelland Tenn
(STATE OR COUNTRY)

15. MAIDEN NAME Stannie Kist

16. BIRTHPLACE (CITY OR TOWN) Don't Morgan Tenn
(STATE OR COUNTRY)

17. INFORMANT Jal Still
(ADDRESS) Steel Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Zion DATE 9-18-34

19. UNDERTAKER Grenner Light Co
(ADDRESS) Steel Mo

20. FILED 10/1 1934 Wm F. Kelly
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-17-1934

22. I HEREBY CERTIFY, That I attended deceased from 9-10-1934 to 9-17-1934

I last saw ~~him~~ alive on 9-15-1934 Death is said to have occurred on the date stated above, at 8:42m.

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

131 Ch. nephritis
hypertension
Date of onset _____

Other contributory causes of importance: None

Name of operation _____ Date of _____

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? None Date of injury _____, 19____

Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury _____

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

If so, specify _____

(Signed) J. Chapman, M. D.

(Address) Steel 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.

RECORD WITH OBTAINING INK—THIS IS A PERMANENT RECORD

