

NOV 9 1934

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

Do not use this space.

1. PLACE OF DEATH

County JasperRegistration District No. 408File No. 36359

Township

Primary Registration District No. 3020

Registered No.

City Cathage - Mc Burne Hospital

St.

Ward)

2. FULL NAME Julia Augusta Mc Elroy(a) Residence, No. 1205 S. Main St., Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds.

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed (write the word)5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chas. J. Mc Elroy6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 21, 1865

7. AGE

YEARS 79MONTHS 1DAYS 19

If LESS than 1 day, hrs. or min.

OCCUPATION

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

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

10. Data deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Hannibal (STATE OR COUNTRY) Missouri

MOTHER FATHER

13. NAME Jarad Ford14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Unknown15. MAIDEN NAME Sarah16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Unknown17. INFORMANT Hattie Mc Elroy (ADDRESS) Cathage, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Park Cemetery DATE Oct. 22, 193419. UNDERTAKER Green Hartweg (ADDRESS) with age mo20. FILED Oct. 22, 1934Registrar. Floyd B Clinton

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 20, 193422. I HEREBY CERTIFY, That I attended deceased from Oct 17, 1934, to Oct 20, 1934I last saw her alive on Oct 20, 1934. Death is saidto have occurred on the date stated above, at 10:30 a.m.

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

Cerebral hemorrhage

Date of onset

Other contributory causes of importance:

Chronic diffuse nephritis

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? Date of injury

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?

If so, specify

(Signed) Floyd B Clinton

M. D.

(Address) Cathage 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.

