

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.

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

Do not use this space.

DEC 18 1934

40106

1. PLACE OF DEATH

County Monroe
Township
City Stoutville Mo. (No.)

Registration District No. 583
Primary Registration District No. 4945

File No.
Registered No. 13 4413
St. Ward)

2. FULL NAME

R Glenn Elam

(a) Residence, No. St. Ward.
(Usual place of abode)
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. (If nonresident, give city or town and State)

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) April 8th 1909

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
25 7 2

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

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) Perry Mo.

13. NAME W. H. Elam

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Mo

15. MAIDEN NAME Elsie Ore

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co Mo.

17. INFORMANT (ADDRESS) Charles Romington Stoutville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Stoutville Cemetery

19. UNDERTAKER (ADDRESS) Wilson & Son Monroe Mo

20. FILED 12-7 19. 34 W. H. Bell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov - 18th 1934

22. I HEREBY CERTIFY, That I attended deceased from died natural to 11-11, 1934

I last saw him alive on 19..... Death is said to have occurred on the date stated above, at m.

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

Came to clear debris from car accident on highway as he was leaving road at curve and coming in contact with tree at foot of hill. Cause of accident unknown

Date of onset

Other contributory causes of importance:

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 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? If so, specify

(Signed) W. S. J. ... M.D.
(Address) Madison Mo.

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