

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

Do not use this space.

35058

1. PLACE OF DEATH

County Anderson Registration District No. 26
Township Wathen Primary Registration District No. 5034
City Mexico Mo (No. Anderson Hospital) St. _____ Ward _____

File No. _____
Registered No. 176
St. _____ Ward _____

2. FULL NAME

Ronald Eugene McElroy
(a) Residence, No. Crosby Heights 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-4-1935

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 22

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) (STATE OR COUNTRY) Mexico Mo

13. NAME Harold - McElroy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sidney, Iowa

15. MAIDEN NAME Baris Lu. Stelm

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stelm, Mo

17. INFORMANT Harold McElroy

18. BURIAL, CREMATION, OR REMOVAL PLACE Anderson DATE 11-27 1935

19. UNDERTAKER H. O. Buecht & Son

20. FILED Nov 26, 1935 B. Stanche Neely Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 26 - 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov-19 1935 to Nov-26 1935
I last saw him alive on Nov-26 1935 Death is said to have occurred on the date stated above, at 8:AM p.
The principal cause of death and related causes of importance were as follows:

Septicemia of Streptococci hemolyticus type - 30
Other contributory causes of importance: unable to locate source of entrance of Bacteria
Name of operation _____ Date of _____
What test confirmed diagnosis? Culture 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) Dr. W. Van Thompson M. D.
(Address) Mexico 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.

