

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 1935

35875

1. PLACE OF DEATH  
 County Henry Registration District No. 347  
 Township Clinton Primary Registration District No. 5488  
 City Clinton (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME A. B. Eli  
 (a) Residence, No. Clinton mo 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**

**MEDICAL CERTIFICATE OF DEATH**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 16, 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
75 10 11

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

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 life

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

13. NAME Williams Eli

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Missouri

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Carnest Eli Clinton mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hartwell DATE 11-28-35

19. UNDERTAKER (ADDRESS) W. J. Ginn Funeral Home Clinton Missouri

20. FILED 12-2 1935 J. P. Hampton Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-27 1935

22. I HEREBY CERTIFY, That I attended deceased from 4-19- 1935, to 11-27 1935. I last saw h. alive about 11-1 1935. Death is said to have occurred on the date stated above, at 2 A m. The principal cause of death and related causes of importance were as follows:  
Carcinoma of Prostate  
 Other contributory causes of importance: \_\_\_\_\_

Name of operation none 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) Ed. C. Shelor M. D.  
 (Address) Clinton Mo

