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.

DEC 19 1935

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

Do not use this space.

36862

1. PLACE OF DEATH

County Nodway — Registration District No. 621 — File No.

Township Lincoln — Primary Registration District No. 4372 — Registered No.

City Elmo Mo (No. ..., ... St. ..... Ward)

2. FULL NAME Esther Arcile McElvane

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

Length of residence in city or town where death occurred yrs. 30 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Divorce

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 16 1903

7. AGE — YEARS: 32 — MONTHS: 4 — DAYS: — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 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) Elmo Mo Nodway Co

FATHER

13. NAME A. L. McElvin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Table Rock Mo. Pond Co

MOTHER

15. MAIDEN NAME Ida C. Beaver
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blandville Ill

17. INFORMANT (ADDRESS) A. L. McElvin

18. BURIAL, CREMATION, OR REMOVAL
PLACE IOOF DATE Nov. 19 1935

19. UNDERTAKER (ADDRESS) Price & Horn Elmo Mo

20. FILED Nov 18 1935 Clark D Horn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 16 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 12, 1935, to Nov 16, 1935
I last saw her alive on Nov 16, 1935. Death is said to have occurred on the date stated above, at 11 30 a.m.
The principal cause of death and related causes of importance were as follows:

Tuberculosis of the lungs — Date of onset about 8 yrs ago

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) R. E. Ferguson, M. D.
(Address) Elmo Mo