

FEB 20 1936

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

Do not use this space.

40302

## 1. PLACE OF DEATH

County Monroe Registration District No. 552 File No. \_\_\_\_\_  
Township Warren Primary Registration District No. 5745 Registered No. 11  
City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Samuel Oserton McElroy  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred all his life 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 15<sup>th</sup>, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
72 2 16

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. L

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) Shelby Co Mo.13. NAME John - McElroy -14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri15. MAIDEN NAME Lavinia McHamie Black16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri17. INFORMANT Hugh McElroy  
(ADDRESS) Monroe City Mo. R.R. 3.18. BURIAL, CREMATION, OR REMOVAL Andrew's Chapel DATE Jan 2<sup>nd</sup>, 193619. UNDERTAKER Wilson + Son  
(ADDRESS) Monroe City Mo.20. FILED Dec. 31, 1935 Mrs. Attal V. Wagner  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 31<sup>st</sup>, 193522. I HEREBY CERTIFY, that I attended deceased from Oct 10, 1934 to Dec 31, 1935I saw him alive on Dec 27, 1935 Death is saidto have occurred on the date stated above, at 10:45 a.m.

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

Chronic nephritis Date of onset \_\_\_\_\_Other contributory causes of importance: 151

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis Urinal 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) John A. Mulberry, M.D.(Address) Monroe City 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.

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