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.

5175

1. PLACE OF DEATH

County: Cole — Registration District No.: 213

Township: — Primary Registration District No.: 5293

City: Jefferson City (Algoa) — St. — Ward)

File No.:

Registered No.: 29

2. FULL NAME: Elijah Vessels-#1699 Intermediate Reformatory, Algoa

(a) Residence, No. — 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

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: Mrs. Virgia Vessels, Fredericksburg, Mo.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 17, 1915

7. AGE — YEARS: 20 — MONTHS: 0 — DAYS: 25 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

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

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): Unknown

FATHER

13. NAME: Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Mo. State Prison Records Jeff City Mo

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Rukville Mo — DATE: Feb 4-3

19. UNDERTAKER (ADDRESS): Thorpe Gordon Und. Co., Jefferson City, Mo.

20. FILED: 2/4/ 1936 — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 19, 1935, to Feb. 2, 1936

I last saw him alive on Feb. 2, 1936 Death is said to have occurred on the date stated above, at 8:19 a.m.

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

	Date of onset
Syphilitic Heart Disease	

Other contributory causes of importance:

Pulmonary Tuberculosis.	

Name of operation — Date of

What test confirmed diagnosis? — 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?

If so, specify

(Signed) William Ford, M. D.

(Address) Jefferson City, Missouri.