

APR 18 1936

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

Do not use this space.

5665

1. PLACE OF DEATH

County Howell
Township Howell
City (No. _____) _____ St. _____ Ward _____

Registration District No. 384
Primary Registration District No. 5535

File No. _____
Registered No. _____

2. FULL NAME

Ohira Virginia McElfish

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 55 yrs. 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 FE 4. COLOR OR RACE wht 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT 7 - 1849

7. AGE 86 YEARS MONTHS 5 DAYS 27 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Ohio, Marion

13. NAME Chris. Jones

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

15. MAIDEN NAME Chumney

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wm Brown

17. INFORMANT (ADDRESS) Mrs Bennett Cokkins West Plains Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Anthony DATE MARCH 11, 1936

19. UNDERTAKER (ADDRESS) Robertson's Mortuary West Plains Mo

20. FILED Mar. 1 1936 Vida H. Simone Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/29, 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 5:00 A.M.

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

Senility & Inflammation Date of onset _____

Other contributory causes of importance:

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? No Date of injury _____, 19____

Where did injury occur? none (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) Page & Putnam, Corcoran M. D.

(Address) West Plains, 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.

W. L. " " W. P. Ma
Mrs. Burnett Collins W. P.

7 Grand Children

3 Mr. Grand.

8 years - at Collins home

Methodist Ch. 35 yrs. Jos. Anderson $\frac{21}{12}$
59

11 yrs married - Ohio. Came to Mo. 59 yrs ago
to Sedalia from then to South Mo. at home

Marye - 2:30.