

APR 21 1936

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

Do not use this  
11313

1. PLACE OF DEATH

County Sacred Registration District No. 49  
Township Oakland Crage Primary Registration District No. 1618  
City Oakland (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Mr. Henry B. Elmore  
(a) Residence, No. Oakland, 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

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. Etta J. Elmore  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 11, 1892  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
44 5 12

OCCUPATION  
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) March 23, 1936 11. Total time (years) spent in this occupation. 3 1/2 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Orage Mo. Camden Co.

MOTHER / FATHER  
13. NAME Albert Elmore

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Orage, near work Mo.

15. MAIDEN NAME Stephene Parrish

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Orage, near work Mo.

17. INFORMANT Mrs. Etta J. Elmore (ADDRESS) Oakland, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oakland DATE Nov. 25 1936

19. UNDERTAKER Julius Lebanon Mo. (ADDRESS)

20. FILED 3/26 1936 J. M. Cribb Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.  
I last saw him alive on March 23, 1936 Death is said to have occurred on the date stated above, at 11:25 p. m.  
The principal cause of death and related causes of importance were as follows:

Fractured skull; internal hemorrhage.

Date of onset March 23, 1936

Other contributory causes of importance:

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

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? accident Date of injury March 23, 1936  
Where did injury occur? Oakland, Sacred, Mo.  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home  
Manner of injury falling  
Nature of injury skull fracture

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) H. G. Hamilton, M. D.  
(Address) Lebanon, 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.

