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.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

APR 21 1936

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

Do not use this space.

11345

File No. 18

Registered No. 18

1. PLACE OF DEATH

County: Lafayette — Registration District No. 464

Township: — Primary Registration District No. 4275

City: Mayview, Mo. (No. ..., ... St. ... Ward)

2. FULL NAME: Hugh L. McElroy

(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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Virginia McElroy Deceased

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 5th 1846

7. AGE: Years 90 — Months 2 — Days 21 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

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

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lafayette Co. Mo.

FATHER

13. NAME: Jack McElroy

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

MOTHER

15. MAIDEN NAME: Susan Pool

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

17. INFORMANT: Bertha Haler (ADDRESS) Mayview, Mo.

18. BURIAL, CREMATION, OR REMOVAL: PLACE City Cemetery DATE 3/29/36, 19

19. UNDERTAKER: A. H. Hader (ADDRESS) Higginsville, Mo.

20. FILED 3-28, 1936 Mrs E. M. Goodwin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar 26 -, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 26 -, 1936, to Mar. 26 -, 1936

I last saw him alive on Mar 26 -, 1936. Death is said to have occurred on the date stated above, at 7 P. m.

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

	Date of onset
Pneumonitis	
90	

Other contributory causes of importance:

Name of operation: None Date of:

What test confirmed diagnosis? None 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) [illegible], M. D.

(Address) Mayview, Mo