

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

Do not use this space.

**MAY 14 1936**

**14209**

1. PLACE OF DEATH  
 County BUCHANAN Registration District No. 85  
 Township TOWNSHIP Primary Registration District No. 1001  
 City ST. JOSEPH (No. 2433 So. 11th St.) St.          Ward)           
 2. FULL NAME CHARLES N. McELFRESH  
 (a) Residence, No. 2433 SOUTH 11TH ST. 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.

File No. 122  
 Registered No. 609

**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 HUSBAND OF ALICE McELFRESH  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUGUST 8, 1871  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
64 8 15  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. FIREMAN  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ROCK ISLAND R.R. Co  
 10. Date deceased last worked at this occupation (month and year)          11. Total time (years) spent in this occupation         

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APRIL 23, 1936, 1936  
 22. I HEREBY CERTIFY, That I attended deceased from Apr 23, 1936 to Apr 23, 1936  
 I last saw h. i. m. alive on Apr 23, 1936 Death is said to have occurred on the date stated above, at 5:50 P. m.  
 The principal cause of death and related causes of importance were as follows:  
Carcinoma Stomach Date of onset 1 yr  
 Other contributory causes of importance:         

12. BIRTHPLACE (CITY OR TOWN) BUCHANAN COUNTY, MO. (STATE OR COUNTRY)  
 13. NAME UNKNOWN  
 14. BIRTHPLACE (CITY OR TOWN) UNKNOWN (STATE OR COUNTRY)  
 15. MAIDEN NAME UNKNOWN  
 16. BIRTHPLACE (CITY OR TOWN) UNKNOWN (STATE OR COUNTRY)  
 17. INFORMANT MRS. ALICE McELFRESH (ADDRESS) 2433  
 18. BURIAL, CREMATION, OR REMOVAL PLACE MEMO. PK. DATE APRIL 25, 1936  
 19. UNDERTAKER FLEEMAN & SON, INC. (ADDRESS) 1946 COLHOUN ST.  
 20. FILED 4-24 1936 4-25 John H. Gonder Registrar.

Name of operation partial gastrectomy Date of Nov 25  
 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? no  
 If so, specify           
 (Signed) J. P. Gonder, M. D.  
St. Joseph, 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.

