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.

MAY 21 1936

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

Do not use this space.

15037

1. PLACE OF DEATH

County Jackson Registration District No. 398 File No.

Township Registered No. 149

City Independence (No. , Indep Sanitarium St. Ward)

2. FULL NAME Thomas Jefferson McElroy

(a) Residence, No. 117 E Linden 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 Belle Hays McElroy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 20 - 1859

7. AGE: Years 76 Months 7 Days 19 If LESS than 1 day, hrs. or min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery store

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) Princeton, Kentucky

FATHER

13. NAME William B. McElroy.

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

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

17. INFORMANT Mr W. L. McElroy
(ADDRESS) 117 E Linden Indep Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Wash Cem. DATE April 11 1936

19. UNDERTAKER Ott & Mitchell.
(ADDRESS) Independence Missouri

20. FILED 4-11-1936 F. L. Cook
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 9 - 1936

22. I HEREBY CERTIFY, That I attended deceased from April 7, 1936, to April 9 - 1936

I last saw him alive on April 4, 1936. Death is said to have occurred on the date stated above, at 2 P m.

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

	Date of onset
Coronary Thrombosis	3-9-36

Other contributory causes of importance:

Hypertrophy of prostate —	2 or 3
Urinary retention 7	years
catheter	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

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) S H Allen, M. D.

(Address) Independence Mo