

NOV 22 1936

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

Do not use this space.

37015

1. PLACE OF DEATH

County Cass  
Township Coldwater  
City Drexel (No. ....)

Registration District No. 151  
Primary Registration District No. 4085

File No. ....  
Registered No. 16  
St. .... Ward)

2. FULL NAME

Salomon A. Elder

(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 1 yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lydia Elder

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 1 - 1861

7. AGE YEARS 75 MONTHS 1 DAYS 7 If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Interior Decorator  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Printing & Paper Hanging  
10. Date deceased last worked at this occupation (month and year) 1928 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knox Co - Ill.

13. NAME Cornelius D. Elder

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

15. MAIDEN NAME Sarah Huston

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT Mr. Cleo Lewis (ADDRESS) Drexel - Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Linwood Maus DATE Oct-31 1936

19. UNDERTAKER J. B. Hays (ADDRESS) Drexel Mo.

20. FILED Oct 30 1936 John A. Bundy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct-28 1936

22. I HEREBY CERTIFY, that I attended deceased from Sept-15 1936 to Oct-28 1936

I last saw him alive on Oct-28 1936 Death is said to have occurred on the date stated above, at 6:10 a.m.

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

Coronary Thrombosis Date of onset 10-25-36

Other contributory causes of importance: Cerebral Hemorrhage 1932 (Recurrent)

Name of operation ..... Date of .....  
What test confirmed diagnosis? Physical 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) Provo R. Paynes, M. D.  
(Address) Drexel - Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS SIGNING STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

