DEC 14 1937

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No. 40711

Township — Primary Registration District No. 100 — Registered No. 1268

City St. Joseph. (No. Missouri Methodist Hospital. St. Ward)

2. FULL NAME George Elrod.

(a) Residence, No. County Infirmary. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 7 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: Sallie Elrod.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 26, 1866.

7. AGE: Years 70 — Months 11 — Days 22 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer (Retired)
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): 1925
11. Total time (years) spent in this occupation: 25 Yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown. Indiana.

FATHER
13. NAME: Samuel K. Elrod.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Orange County Indiana.

MOTHER
15. MAIDEN NAME: Sarah A. Moore.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Orange County. Indiana.

17. INFORMANT (ADDRESS): Isaac Elrod. 2002 South 9th St.

18. BURIAL, CREMATION, OR REMOVAL: Memorial Park
PLACE St. Joseph, Mo. DATE Nov. 22. 1937

19. UNDERTAKER (ADDRESS): H. O. Sidenfaden & Son. 1802 Union St. St. Joseph Mo.

20. FILED 11-22 1937 H. J. Nestlebush By J. C. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): November 18 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1937, to Nov 18, 1937
I last saw him alive on Nov 17, 1937. Death is said to have occurred on the date stated above, at 1/45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Perniscious Anaemia	
Prostatic Hypertrophy (obstructing)	
Chronic Pyelonephritis	
Uraemia	

Other contributory causes of importance:

137

Name of operation none — Date of
What test confirmed diagnosis? Clinical — 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. J. Bansbach, M. D.
(Address) St Joseph Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.