

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

Do not use this space.

DEC 17 1937

1. PLACE OF DEATH

County Henry
Township
City Clinton (No. _____ St. _____ Ward _____)

Registration District No. 347
Primary Registration District No. 3018

File No. 41374
Registered No. _____

2. FULL NAME

(a) Residence, No. 608 So. Orchard St. _____ Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jessie M. Eliphant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Don't know

7. AGE. YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. About 69, don't know

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. K. C. C. S. R.R.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation. 10 yr

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wich. RR. Mo.

13. NAME Don't know

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

15. MAIDEN NAME " "

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

17. INFORMANT (ADDRESS) Anna Fisher 608 So Orchard

18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE Nov. 29 1937

19. UNDERTAKER (ADDRESS) Consalus Truck Clinton Missouri

20. FILED Nov 29 1937 J. R. Hampton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 26 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 26 1937 to Nov 26 1937

I last saw him alive on Nov 26 1937. Death is said to have occurred on the date stated above, at 3 a.m.

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

Apoplexy

Other contributory causes of importance: Arteriosclerosis

Date of onset

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) Wm. M. D.

(Address) Clinton 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.

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