JAN 20 1938

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

Do not use this space.

File No. ~~47213~~ 37

Registered No. 1

1. PLACE OF DEATH

County Daviess — Registration District No. 250

Township — Primary Registration District No. 4150

City Gallatin (No. ..... St. ..... Ward)

2. FULL NAME Elmer J. Allder 436

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

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ida Allder

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 24, 1889

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
48	11	16	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Catapillar Tractor Driver

10. Date deceased last worked at this occupation (month and year) Jan. 1937

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Martell Nebraska

FATHER

13. NAME John W. Allder

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Co. Missouri

MOTHER

15. MAIDEN NAME Flora E. Walker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Savenah, Missouri

17. INFORMANT (ADDRESS) Mrs. Ida Allder Gallatin, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Pattonsburg, Mo DATE Jan. 12, 1938

19. UNDERTAKER (ADDRESS) Hope Furn. & Und. Co. Gallatin, Mo.

20. FILED Jan. 11, 1938 H. A. Hope Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 10, 1938

22. I HEREBY CERTIFY, that I attended deceased from Jany. 1937, to Jany 10, 1938

I last saw him alive on Jany. 10, 1938. Death is said to have occurred on the date stated above, at 2:50 PM

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

	Date of onset
Bronchial Pneumonia	Jan. 1-38

Other contributory causes of importance:

Pulmonary Tuberculosis	1934

Name of operation — 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) M. A. Smith, M. D.

(Address) Gallatin 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.