

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

Do not use this space.

2204

File No. \_\_\_\_\_  
 Registered No. 2 Ward \_\_\_\_\_

1. PLACE OF DEATH  
 County Sullivan Registration District No. 96  
 Township Hamilton Primary Registration District No. 40 18  
 City Hamilton (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Wesley Eugene Mc Elvain 241  
 (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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Male  
 4. COLOR OR RACE White  
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (with the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lucy Paroline Mc Elvain  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 23, 1870  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
67 8 14

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 7, 1938  
 22. I HEREBY CERTIFY, That I attended deceased from Sept 23, 1937, to Jan. 7, 1938  
 I last saw him alive on Jan. 7, 1938 Death is said to have occurred on the date stated above, at 8:30 p.  
 The principal cause of death and related causes of importance were as follows:

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_  
 11. Total time (years) spent in this occupation \_\_\_\_\_

Thrombo- Phlebitis right Femoral Artery  
 Other contributory causes of importance: 100  
 Thrombosed Hemorrhoids (infected)  
 Date of onset 12/20 1937

MOTHER FATHER  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hancock County Illinois  
 13. NAME Jermiah Mc Elvain  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? The Doctor Was there an autopsy? No

15. MAIDEN NAME Julia Ann Mc Elvain  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois  
 17. INFORMANT (ADDRESS) Walter Mc Elvain

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.  
FEB 21 1938

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE Jan 9, 1938  
 19. UNDERTAKER (ADDRESS) W.H. Thughton  
Hamilton Missouri  
 20. FILED Jan 9, 1938 Merle Brown Registrar.

Manner of injury \_\_\_\_\_  
 Nature of injury? \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_  
 (Signed) Herbert R. Boach, M. D.  
 (Address) Hamilton 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.

