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

Do not use this space.

DEC'D MAR 21 1936

1. PLACE OF DEATH
County MONROE — Registration District No. 5[illegible] — File No. 7496
Township MARION — Primary Registration District No. 57[illegible] — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME JOHN HELM ELAM U.S.C.
(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 32 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: MOLLIE ELAM

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): DEC. 21, 1863

7. AGE: YEARS 74 — MONTHS 1 — DAYS 28 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: FARMER
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): 1934
11. Total time (years) spent in this occupation: ACTIVE LIFE

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): MONROE CO., MO.

FATHER
13. NAME: CHAS. M. ELAM.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): VA.

MOTHER
15. MAIDEN NAME: PRISCILLA WILLIAMS
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): MO.

17. INFORMANT (ADDRESS): MRS. LONA ATTERBURY, MADISON, MO.

18. BURIAL, CREMATION, OR REMOVAL
PLACE MADISON, MO. DATE FEB 21, 1938

19. UNDERTAKER (ADDRESS): [illegible]

20. FILED 19 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) [illegible] 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from July, 1931, to Feb. 19, 1938
I last saw h[illegible] alive on Feb. 19, 1938. Death is said to have occurred on the date stated above, at 10:45 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	Feb. 18 38
11B	

Other contributory causes of importance:

Influenza	2-15-38
Pulmonary Edema	7-0-31

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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) T. R. Turner D.O. ~~M. D.~~
(Address) MADISON, MO.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

V. S. [illegible] 20M-2-19-36 1 X7294

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