

REC'D APR 20 1938

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

(Do not use this space.)

1. PLACE OF DEATH

County Jasper

Registration District No. 416

File No. 11119

Township Sarcoxie

Primary Registration District No. 4248

Registered No. _____

City Sarcoxie (No. _____) St. _____ Ward _____

2. FULL NAME Alpheus B. Elmore 456

(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 15 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 25 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Laura Elmore

22. I HEREBY CERTIFY, That I attended deceased from 3-15- 1938 to 3-25- 1938

I last saw him alive on Mar 24 1938 Death is said to have occurred on the date stated above, at 1:15 A. M.

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

Coronary atherosclerosis
Date of onset _____
Other contributory causes of importance: None

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 23, 1886
7. AGE YEARS 52 MONTHS 0 DAYS 3 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Iowa (STATE OR COUNTRY) _____

MOTHER FATHER 13. NAME James L. Elmore

14. BIRTHPLACE (CITY OR TOWN) Indiana (STATE OR COUNTRY) _____

15. MAIDEN NAME Dont know

16. BIRTHPLACE (CITY OR TOWN) Dont know (STATE OR COUNTRY) _____

17. INFORMANT Mrs. Laura Elmore (ADDRESS) Sarcoxie, Mo

18. BURIAL, CREMATION, OR REMOVAL Sarcoxie Cem. PLACE DATE 3/26 38

19. UNDERTAKER Engelage Funeral Home (ADDRESS) Sarcoxie, Missouri

20. FILED 3/25/38 19 Springfield Registrar

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) M. J. [Signature] _____, M. D.
(Address) Sarcoxie Mo.

Every item of information should be carefully supplied. Age should be stated exactly. Full names should be stated. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

