16, 1862

REC'D APR 18 1938

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

Do not use this space.

11543

File No. 57

Registered No. 57

1. PLACE OF DEATH

County: Montgomery

Township: Danville

City: New Florence (No. ..... St. ..... Ward)

Registration District No. 593

Primary Registration District No. 4351

2. FULL NAME: George Draper Elrod 463

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

Length of residence in city or town where death occurred 70 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: Stony Elrod

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 16, 1862

7. AGE: Years 75 | Months 10 | Days 13 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Shop

10. Date deceased last worked at this occupation (month and year): March 12, 1938

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Minneola Mo.

FATHER

13. NAME: James Elrod

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

MOTHER

15. MAIDEN NAME: Amanda J. Wright

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Minneola Mo.

17. INFORMANT (ADDRESS): Stony Elrod New Florence Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: New Florence DATE: March 31, 1938

19. UNDERTAKER (ADDRESS): A. E. Hendershott Jr. New Florence Mo.

20. FILED: 4/00, 1938 James O. Helm M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 12, 1938, to March 28, 1938

I last saw him alive on March 28, 1938. Death is said to have occurred on the date stated above, at 2 P. m.

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

	Date of onset
Cerebral Hemorrhage	3-15-38
Bronchial pneumonia	3-26-38

Other contributory causes of importance:

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) James O. Helm, M. D.

(Address) New Florence 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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