

REC'D JUN 22 1938

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

Do not use this space.

## 1. PLACE OF DEATH

County LinnRegistration District No. 486

Township

Primary Registration District No. 4293City Elberta (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_File No. 18743Registered No. 1a

## 2. FULL NAME

(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

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

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

Dec 13 1867

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

7055

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.

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

11. Total time (years) spent in this occupation

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

Paynesville Mo

MOTHER FATHER

13. NAME

O. E. Temple

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

V. A. O

15. MAIDEN NAME

Julia Jean

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Pike Co Mo

17. INFORMANT (ADDRESS)

Will Temple Elberta Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Elberta Tenn DATE May 21 1938

19. UNDERTAKER (ADDRESS)

W. B. Bradley Elberta Tenn20. FILED 6-10 1938C. B. Powell Mo Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18 - 193822. I HEREBY CERTIFY, That I attended deceased from March - 1938, to May 18 - 1938I last saw him alive on May 16 - 1938. Death is said to have occurred on the date stated above, at 1:30 p. m.

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

Pulmonary Neurophax due to valvular insufficiency.

Date of onset

Other contributory causes of importance:

Arteriosclerosis. Chronic Nephritis.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? renal 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) W. J. Kelly M. D.(Address) Elberta Tenn





