REC'D JUL 17 1938

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

Do not use this space.

22198

File No.
Registered No. 29

1. PLACE OF DEATH
County Johnson
Township ~~Madison~~
City Holden (No. , St. Ward)
Registration District No. 427
Primary Registration District No. 4153

2. FULL NAME Charles D. Elges. 422,
(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 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Kate Elges

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 27, 1851

7. AGE: Years 87; Months ; 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. Bartender
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bartender
10. Date deceased last worked at this occupation (month and year) Unknown
11. Total time (years) spent in this occupation 30

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

FATHER
13. NAME Fredrick Elges
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Bettie Mouse
(ADDRESS) Holden, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Holden Cem. DATE 6/27/38 19

19. UNDERTAKER John H. Murray
(ADDRESS) Holden.

20. FILED June 28 19 38 Mrs G. N. Redford Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from June, 1937, to June 25, 1938
I last saw h. alive on June 24, 1938. Death is said to have occurred on the date stated above, at 12:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Tubular Nephritis	
Cardiac Decompensation	

131

Other contributory causes of importance:
Generalized Arteriosclerosis

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?
If so, specify
(Signed) Kelly Rawlins, M. D.
(Address) [redacted]

388