

REC'D SEP 28 1938

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

29775
Do not use this space.

1. PLACE OF DEATH *Polk* ²
 (a) County *Polk* Registration District No. *702*
 (b) Township *Fairplay* Primary Registration District No. *4423* Registered No. *10*
 (c) City *Fairplay* (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME *Louisa Fannie Elrod* *463*
 (a) Residence No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *Female*
 4. COLOR OR RACE *White*
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Geo W Elrod*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept 18 52*
 7. AGE YEARS *85* MONTHS *10* DAYS *17* If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *✓*
 9. Industry or business in which work was done, as saw mill, bank, etc. *✓*
 10. Date deceased last worked at this occupation (month and year) _____
 11. Total time (years) spent in this occupation _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug 5 1938*
 22. I HEREBY CERTIFY, That I attended deceased from *July 28 1938* to *July 31 1938*
 I last saw him alive on *July 25 1938*. Death is said to have occurred on the date stated above, at *7:27 P. M.*
 The principal cause of death and related causes of importance were as follows:
Paralysis, Bilateral
Lower Cerebral Hemorrhage
 Date of onset *2/28 1938*

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

FATHER 13. NAME *Stephen Childers*

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Tenn*

MOTHER 15. MAIDEN NAME *Sarah Moore*

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ind*

17. INFORMANT (ADDRESS) *Claud Elrod Fairplay*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Ward* DATE *Aug 6 1938*

19. FUNERAL DIRECTOR (ADDRESS) *Hutchinson Blue Wagon Bolivar Fairplay*

20. FILED *Sept 6 1938* *R L Hunt* Local Registrar.

Other contributory causes of importance: *✓ 92nd*

Name of operation *none* 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. *no*

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *no*

(Signed) *Chas H Brown*, M. D.
 (Address) *Fairplay, Mo*

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 7,

District File Number 7-38-110

Date Filed 9-15-38

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)