

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

REC'D NOV 15 1938

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

Do not use this space.

1. PLACE OF DEATH

County Caldwell,

Registration District No. 93

Township David,

Primary Registration District No. 4055

City Braymer, (No. _____)

File No. 35243
Registered No. 19 Ward _____

2. FULL NAME William Martin Elder,

(a) Residence, No. _____ St. 1st. 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 Male, 4. COLOR OR RACE White, 5. ~~Single~~ MARRIED, ~~Widowed~~ OR ~~Divorced~~ Married, (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Elder,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan.-12th., -1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 78 8 20

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. Retired Farmer,

10. Date deceased last worked at this occupation (month and year) 1920 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Carrroll County, (STATE OR COUNTRY) Missouri,

13. NAME Martin Elder, FATHER

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

15. MAIDEN NAME Mary Ann Walters, MOTHER

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

17. INFORMANT Mrs. Mary Elder, (ADDRESS) Braymer, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Low Gap Cemetery, Oct. -4th 38

19. UNDERTAKER E. P. Michael, (ADDRESS) Braymer, Mo.

20. FILED Oct 4 1938 Registrar. W. H. Patterson

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 2 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 3 1935 to Oct. 3 1938. I last saw him alive on Oct. 1 1938. Death is said to have occurred on the date stated above, at 11:30 P. M.

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

General Arteriosclerosis Date of onset _____

Other contributory causes of importance: _____

Name of operation none 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? no 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) Geo. S. Dowell, M. D.

(Address) Braymer Mo.

1988 10 2

1860-1-17

77-8-20