

NOV 15 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

35524

Do not use this space.

1. PLACE OF DEATH

(a) County Daviess

(b) Township

(c) City Gallatin(d) Street No. 250Primary Registration District No. 4150Registered No. 37(e) Length of residence in city or town where death occurred 78 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.2. PRINT FULL NAME Mary Elders(a) Residence, No. Gallatin, Missouri St. ☐ (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

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

James Elders6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown - 1860

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

78XX

OCCUPATION

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

Housewife

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

Own Home

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

Oct. 193711. Total time (years) spent in this occupation. Life

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

Gallatin, Missouri

FATHER

13. NAME

Richard White

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

Unknown

MOTHER

15. MAIDEN NAME

Mary Tolbert

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

Unknown

17. INFORMANT (ADDRESS)

Thomas Elders Maryville, Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE Herndon Cemetery Nov. 3, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS)

Hope Furn. & Und. Co. Gallatin, Mo.

20. FILED

Nov. 3, 1938H. G. Hope Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from

Oct. 1, 1938 Oct. 31, 1938I last saw him alive on Oct. 30, 1938 Death is saidto have occurred on the date stated above, at 7 P.M.

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

Paralysis, acute, ascending

Date of onset

10/18/38

Other contributory causes of importance:

Debility of ageName of operation Clinical Date ofWhat 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? no Date of injury no, 19Where did injury occur? no

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury noNature of injury no24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) M. A. Smith, M. D.(Address) Gallatin, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

L. O. Richesson

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

L. O. Richesson

Licensed Embalmer No.....3302.....

P. O. Address Gallatin, Missouri

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

If this body is not embalmed, above space should be left blank.