

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.

JAN 20 1939

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

Do not use this space.

1. PLACE OF DEATH

County Audrain Registration District No. 26  
Township Salt River Primary Registration District No. 3002  
City Mexico Mo (No. Audrain Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 42182  
Registered No. 150

2. FULL NAME

Eugene M. Ely  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) Perry, Mo. (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 6, 1973

7. AGE YEARS 65 MONTHS 7 DAYS 27 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer Laborer  
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) Perry, Mo.

13. NAME Frank Ely

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry, Mo.

15. MAIDEN NAME Polly A. Crockett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry, Mo.

17. INFORMANT Mrs. Anna P. Ely  
(ADDRESS) Hannibal, Mo.

18. BURIAL, CREMATION, OR REMOVAL Perry, Mo. DATE Dec. 4, 1938  
PLACE DATE

19. UNDERTAKER Chas. Arnold, Jr.  
(ADDRESS) Mexico, Missouri

20. FILED Dec 4 1938 Blanche Neely Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 3 - 1938

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Coroners Case

Injured by walking to the side of a moving car. Fractured skull.  
Other contributory causes of importance: 210 21

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 Accident Date of injury Dec. 3, 1938  
Where did injury occur? Maxwell Ave.  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. Public Highway

Manner of injury Street Fracture  
Nature of injury Struck by car

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) Amos H. \_\_\_\_\_

23 (Address) Coroner, Audrain Co.

RECEIVED

District Health Officer No. 10

District File Number 10-38-849

Date Filed 1/17/39