

1939 MAY 12 1939

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

Do not use this space.

1. PLACE OF DEATH

9 County Ballinger Registration District No. 69  
Township Wayne Primary Registration District No. 5108  
City Advance, Mo. (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 14194  
Registered No. 21

2. FULL NAME

Janie Leona Elledge  
(a) Residence No. Advance, Mo. R. 4 St. Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 4 yrs. 2 mos. 2 ds. How long in U. S., if of foreign birth? 4 yrs. 2 mos. 2 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Infant</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Infant</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 28, 1939</u>		
7. AGE YEARS <u>0</u>	MONTHS <u>0</u>	DAYS <u>0</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>0</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>0</u>		
10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation <u>0</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Advance, Mo.</u>		
13. NAME <u>Sherran James Elledge</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lutesville, Mo.</u>		
15. MAIDEN NAME <u>Alma May Baker</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Advance, Lutesville, Mo.</u>		
17. INFORMANT <u>Sherran James Elledge</u> (ADDRESS) <u>Advance, Mo. R. # 14</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Manhattan Cemetery</u> DATE <u>April 29, 1939</u>		
19. UNDERTAKER <u>A. M. Bess</u> (ADDRESS) <u>Lutesville, Mo.</u>		
20. FILED <u>May 8, 1939</u> <u>Mrs. J. C. Berry</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 28, 1939

22. I HEREBY CERTIFY, that I attended deceased from April 28, 1939 to April 28, 1939  
I last saw him alive on April 28, 1939 Death is said to have occurred on the date stated above, at Advance, Mo.  
The principal cause of death and related causes of importance were as follows:  
Stillborn

Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Death 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? no  
If so, specify \_\_\_\_\_  
(Signed) Dr. R. A. Smith, M.D.  
70 (Address) Advance, Mo.

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.

