

REC'D SEP 21 1939

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

29647
Do not use this space.

1. PLACE OF DEATH

(a) County Macon Registration District No. 5-31
 (b) Township West Valley Primary Registration District No. 5-722 B Registered No. _____
 (c) City M. (d) Street No. _____ St. _____
 (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. ds.

2. PRINT FULL NAME

450 Edith Elam
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)

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>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jon Noah Elam</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 13 1889</u>		
7. AGE YEARS <u>51</u>	MONTHS <u>3</u>	DAYS <u>29</u>
If LESS than 1 day, hrs. or min.		
OCCUPATION	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	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
FATHER	13. NAME <u>Daniel Cohoon</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
MOTHER	15. MAIDEN NAME <u>Addie Davalt</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
17. INFORMANT (ADDRESS) <u>Noah Elam</u> <u>Edith Elam</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hull Cemetery</u> DATE <u>Mar 19 1939</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>Edith Elam</u> <u>J. A. Shepley</u>		
20. FILED <u>3/19 1939</u> <u>J. A. Shepley</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar-17-1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 14, 1939, to Mar 17, 1939
 I last saw him alive on Mar 14, 1939. Death is said to have occurred on the date stated above, at 4 a. m.
 The principal cause of death and related causes of importance were as follows:
uterine cancer
 Date of onset _____

Other contributory causes of importance:
49

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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) J. A. Shepley, M. D.
 (Address) Edith Elam

RECEIVED

District Health Officer No. 10

District File Number 9-39-1677

Date Filed SEP 14 1939

STATEMENT BY LICENSED EMBALMER

I Henry C. Young, Licensed Embalmer No. 3902

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 Henry C. Young
Licensed Embalmer No. 3902

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.)