

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.

FILED FEB 12 1940

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

Do not use this space.

1527

1. PLACE OF DEATH 2  
 County Atchison Registration District No. 19  
 Township Chapin Primary Registration District No. 4013  
 City Rock Hill, Mo. (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME Elmer Lee McDaniel  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. 1 mos. \_\_\_\_\_ ds. How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 18-1867</u>		
7. AGE	YEARS <u>72</u>	MONTHS <u>4</u>
	DAYS <u>12</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired farmer</u>	
	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) <u>Atchison Co., Mo.</u>		
MOTHER FATHER	13. NAME <u>Ephriam McDaniel</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Atchison Co., Mo.</u>	
	15. MAIDEN NAME <u>Nancy Angel</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT <u>J. W. McDaniel</u> (ADDRESS) <u>Fairfax, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Pleasant Ridge</u> DATE <u>Feb. 1 1940</u>		
19. UNDERTAKER <u>N. N. Scholes</u> (ADDRESS) <u>Fairfax, Mo.</u>		
20. FILED <u>Feb. 1 1940</u> <u>May H. Chamberlain</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 30 - 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 16 - 1940, to Jan 30 - 1940  
 I last saw him alive on Jan - 29, 1940. Death is said to have occurred on the date stated above, at 12:15 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Astoria bacteriosis Prior 1940  
Septicemia  
 Other contributory causes of importance Chronic Hemorrhage 1-23-40

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? clinical 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. M. Davis, M. D.  
 (Address) 115 \_\_\_\_\_

**RECEIVED**

District Health Officer No. 117

District File No. 240-52

Date Filed FEB 7 1948