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.

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

Do not use this space.

FILED JUL 22 1940

2 0

1. PLACE OF DEATH
County Reynolds
Township Black
City (No. , St. Ward)

Registration District No. 747
Primary Registration District No. 5-980

File No. 22647
Registered No.

2. FULL NAME 436 Robert Lanham Elders

(a) Residence, No. Black Mo. 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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	white	widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 26, 1865

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
74	9	4	

OCCUPATION

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

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) Yosemite Ky. 1

FATHER

13. NAME Robert Elders 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 1

MOTHER

15. MAIDEN NAME Sally Lanham

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

17. INFORMANT Mrs. Ott Carty
(ADDRESS) Black Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bladk Mo. DATE June 1 1940

19. UNDERTAKER Norman White & Sons
(ADDRESS) Ironton Mo

20. FILED June 3 1940 Mrs J J Pyatte Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from May 20 1940, to May 28 1940

I last saw h.i.m. alive on May 29 1940 Death is said to have occurred on the date stated above, at 8.00 P m.

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

	Date of onset
Paralysis	
Cerebral Thrombosis	
Other contributory causes of importance:	
87 B	

Name of operation None Date of

What test confirmed diagnosis? Objective 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?

If so, specify

(Signed) J J Pyatte, M. D.

843 (Address) Centerville Mo

RECEIVED
District Health Officer No. 5,
District File Number 760 765
Date Filed 2/14/60