

REC'D MAR 17 1938

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

Do not use this space.

1. PLACE OF DEATH

42 County Henry
4 Township Clinton mo
2 City Clinton mo

Registration District No. 347
Primary Registration District No. 3018

File No. 6864
Registered No. 11
St. _____ Ward _____

2. FULL NAME

Anna Allison Elmer 11-25

(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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Gene Elmer
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 7 1897
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 61 0 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
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) Clinton mo

13. NAME Ephraim Allison

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Solene mo

15. MAIDEN NAME Ruth McCarty

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Solene mo

17. INFORMANT Mary Elmer
(ADDRESS) Clinton mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE 2/27 3

19. UNDERTAKER Consolidated
(ADDRESS) Clinton mo

20. FILED 3-12 1938 J. R. Hampton Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-25, 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-20, 1938, to 2-25, 1938
I last saw him alive on 2-25, 1938. Death is said to have occurred on the date stated above, at 11 P.M.

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

acute myocarditis 2-18-38
936
Other contributory causes of importance: Domestic injury & assessed with 1-1-38

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?
If so, specify _____
(Signed) J. D. Walker, M. D.
312 (Address) Clinton 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.

Walker

