

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

Do not use this space.

APR 26 1935

10353

**1. PLACE OF DEATH**

County St. Francois  
Township Piedleton  
City (No. \_\_\_\_\_)

Registration District No. 773  
Primary Registration District No. 6023

File No. \_\_\_\_\_  
Registered No. 44  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ St., \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

Clara P. McElmeroth

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 29 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
76 8 5

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 COUNTY) St. Francois Co. Mo.

13. NAME Henry Jones

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia

15. MAIDEN NAME Louise Arnold

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) St. Louis, Mo.

17. INFORMANT (ADDRESS) Mrs. Ida Richardson  
Valley Mines, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE 2001. Oak Run DATE March 6 1935

19. UNDERTAKER (ADDRESS) Needert Wood, Co.  
Farmington, Mo.

20. FILED Mar 6 1935 W. J. Robinson  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/4 1935

22. HEREBY CERTIFY, That I attended deceased from Jan 10 1933 to March 4 1935  
I last saw him alive on March 4 1935. Death is said to have occurred on the date stated above, at 7:30 a. m.  
The principal cause of death and related causes of importance were as follows:

Acute Dehydration of Heart.  
Chronic Endocarditis + Myocarditis.  
Other contributory causes of importance: Hypertension  
Date of onset: 1930.  
1928.

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) Geo. H. Walker, M. D.  
(Address) Farmington 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.

