

SEP 27 1928

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

Do not use this space.

32465

1. PLACE OF DEATH

County Shannon
Township Palmyra
City Houstonville (No. _____)

Registration District No. 1077
Primary Registration District No. 6086

File No. _____
Registered No. 20
St. _____ Ward _____

2. FULL NAME

Herbert Elmore

(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)

PERSONAL AND STATISTICAL PARTICULARS

2. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 26 1911

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
16 8 6

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Student
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Houston Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Geo. Elmore

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Houston Mo
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Nellie Lynch

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Nagle Mo
(STATE OR COUNTRY)

14. INFORMANT Geo. Elmore
(Address)

15. FILED Sept 28 1928 L.H. Walker
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 2 1928

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at 3-30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broken Neck
TRIP

CONTRIBUTORY Automobile Accident
(SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: _____

DID AN OPERATION PRECEDE DEATH: _____ DATE OF _____

WAS THERE AN AUTOPSY: _____

WHAT TEST CONFIRMED DIAGNOSIS:
(Signed) T.H. Sellers
, 19 (Address) Summersville Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Houston Cemetery DATE OF BURIAL Sept 24 1928

20. UNDERTAKER Gaylord W. Elliott ADDRESS Houston Mo.

WRITE PLAINLY, WITH ON-PACKING MATERIALS 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.

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