

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.

DEC 7 1934

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

Do not use this space.

1. PLACE OF DEATH

County Andrew
Township Lincoln
City..... (No..... St..... Ward.....)

Registration District No. 8
Primary Registration District No. 5011

File No. 38389
Registered No.....

2. FULL NAME Elisha B. Sollars

(a) Residence, No..... St..... Ward.....
(Usual place of abode)
Length of residence in city or town where death occurred 1 1/2 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

3. SEX Male 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 Lucinda
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 4, 1849
7. AGE YEARS 85 MONTHS 2 DAYS 25 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) St. Joseph, Mo. (STATE OR COUNTRY)

FATHER 13. NAME unk

14. BIRTHPLACE (CITY OR TOWN) unk (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME unk

16. BIRTHPLACE (CITY OR TOWN) unk (STATE OR COUNTRY)

17. INFORMANT Samuel Sollars (ADDRESS) Amazonia

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Cemetery DATE Dec. 1 1934

19. UNDERTAKER Frank A. Bowman (ADDRESS) Lanagan Mo

20. FILED Nov 29 19 J. W. Holcomb Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 24 1934

22. I HEREBY CERTIFY, That I attended deceased from May 6 1924, to Nov 24 1934
I last saw him alive on Nov 20 1934. Death is said to have occurred on the date stated above, at 4:30 pm.
The principal cause of death and related causes of importance were as follows:

Senility
30 35
Other contributory causes of importance:
Chronic Infection Arteriosclerosis
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) S. S. Bever M. D.
(Address) Amazonia Mo.

