FEB 17 1937

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

Do not use this space.
1999

1. PLACE OF DEATH
County Lafayette — Registration District No. 461 — File No. 9
Township ~~Lexington~~ — Primary Registration District No. 3024 — Registered No.
City Lexington (No. , St. Ward)

2. FULL NAME Elmer John Sartoris
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Ma.
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) July 14, 1914
7. AGE: YEARS 22 — MONTHS 6 — DAYS 11 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Student
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lexington, Mo. 16

FATHER
13. NAME Tony Sartoris 2
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

MOTHER
15. MAIDEN NAME Adeline Mussetto
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osage City, Kan.

17. INFORMANT (ADDRESS) Tony Sartoris, Lexington, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Lexington, Mo. DATE Jan. 28, 1937
19. UNDERTAKER (ADDRESS) Winkler, Lexington, Mo.
20. FILED Jan. 28, 1937 Faye B. Bates, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 25, 1937
22. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1937, to Jan 25, 1937
I last saw him alive on Jan 25, 1937 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:

	Date of onset
Acute Dilatation of Heart	

Other contributory causes of importance:

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? yes —
If so, specify athletics
(Signed) B. H. Brasher, M. D.
(Address) Lexington 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.