JAN 19 1938

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

Do not use this space.

File No. 45800

Registered No.

1. PLACE OF DEATH

County: Lefevette

Township: Devie

City: Higginsville (No. ..., ... St. ..... Ward)

Registration District No. 460

Primary Registration District No. 4274

2. FULL NAME Willie May Elmore

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Female	Colored	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 29 1937

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	3	12	

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.

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) Higginsville Mo.

FATHER

13. NAME Mertin Elmore Jr,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Higginsville Mo.

MOTHER

15. MAIDEN NAME Meyme Fectic

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mt Leonerd Mo.

17. INFORMANT (ADDRESS) Martin Elmore Jr Higginsville Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Brand Cem. DATE Dec. 13, 1937

19. UNDERTAKER (ADDRESS) Hoefer Meinerhagen Higginsville Mo.

20. FILED ~~Jan 11, 38~~ Jan. 1. 38, 19.... Tiffany Webb
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 11, 1937, to Dec. 11, 1937

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at about 4:00 a.m.

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

	Date of onset
Asphyxia under cotton fire in Carolina case	

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? Accd Date of injury Dec 11, 1937

Where did injury occur? Higginsville, Missouri
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Accidental Suffocation Under

Nature of injury bed clothing

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] (Coroner), M. D.

(Address) Odessa Mo. 4

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.