

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.

AUG 29 1931

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

Do not use this space.

27312

1. PLACE OF DEATH

County Texas
Township Pringle
City Hampton (No. _____)

Registration District No. 863
Primary Registration District No. 6137

File No. _____
Registered No. 29
St. _____ Ward _____

2. FULL NAME

(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 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>David L. Smith</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 22, 1840</u>		
7. AGE	YEARS <u>90</u>	MONTHS <u>8</u>
	DAYS <u>4</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Bookkeeper</u>	
	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) <u>1914</u>	
	11. Total time (years) spent in this occupation <u>30</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hinsdale N.Y.</u>		
FATHER	13. NAME <u>Jacob Putnam</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>N.Y.</u>	
MOTHER	15. MAIDEN NAME <u>Theodocia Young</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>N.Y.</u>	
17. INFORMANT (ADDRESS) <u>Mrs. A. H. Rumble</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Madison Iowa</u> DATE <u>July 29, 1931</u>		
19. UNDERTAKER (ADDRESS) <u>G. V. Elliott</u>		
20. FILED <u>7-27, 1931</u> <u>J. P. Winder</u> Registrar		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-26 1931

22. I HEREBY CERTIFY, That I attended deceased from July 24 1931 to July 26 1931.
I last saw h. alive on July 26 1931. Death is said to have occurred on the date stated above at 7:30 pm.
The principal cause of death and related causes of importance were as follows:
Cerebral Apoplexy
Senility

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) W. P. Herron, M. D.
(Address) Houston, Mo

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