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.

JUN 24 1932

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

Do not use this space.

1. PLACE OF DEATH
County Newton — Registration District No. 611 — File No. 20298
73 Township Buffalo — Primary Registration District No. 5813 — Registered No.
City ~~Neosho~~ (No. ..... St. ..... Ward)

2. FULL NAME Wilburn W. Testerman

(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 M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 24-1848

7. AGE YEARS 84 MONTHS 4 DAYS 13 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 131
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation 130

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Racine Mo

FATHER
13. NAME Elisha Testerman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

MOTHER
15. MAIDEN NAME Charty
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) .....

17. INFORMANT (ADDRESS) Corem Testerman Neosho Mo R 6

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oakwood DATE June 9 1932

19. UNDERTAKER (ADDRESS) Chas. W. Williams Sarcoxie

20. FILED 6/15 1932 C. E. Norris Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 7, 1932, to June 7, 1932
I last saw him alive on April —, 1932 Death is said to have occurred on the date stated above, at 3 P m.
The principal cause of death and related causes of importance were as follows:

Cause of death unknown
It was sudden — I have treated him in past for chronic nephritis + myocarditis (chronic)

Date of onset

Other contributory causes of importance:

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Name of operation ..... Date of .....
What test confirmed diagnosis? — Was there an autopsy? No

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) R C Lawson, M. D.
(Address) Neosho Mo