

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.

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

Do not use this space.

37341

1. PLACE OF DEATH

County Newton Registration District No. 1046
Township 1850 Primary Registration District No. 5810
City 3 (No. 3) St. 18 Ward (18)

2. FULL NAME

(a) Residence, No. 528 Patterson Ward. 3
(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 <u>M.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lilla Palmer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 31, 1860</u>		
7. AGE	YEARS <u>73.</u>	MONTHS <u>7</u>
	DAYS <u>20.</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</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)	
	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hotelle</u> <u>Virginia</u>		
MOTHER	13. NAME <u>John T. Palmer</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>va.</u>	
	15. MAIDEN NAME <u>Caldonia Hughes</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>va.</u>	
17. INFORMANT (ADDRESS) <u>Glyde Woodson</u> <u>1850</u>		
18. BURIAL, CREMATION, OR DISPOSAL PLACE <u>Forest Park</u> DATE <u>11-22</u> 19 <u>33</u>		
19. UNDERTAKER (ADDRESS) <u>Wheeler and Co.</u> <u>1850</u>		
20. FILED <u>11-22</u> 19 <u>33</u> <u>J. Sherman</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-20-33

22. I HEREBY CERTIFY, That I attended deceased from 11-20-33, 1933, to 11-20-33, 1933.
I last saw h. widowed 11-20-33 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 unknown Date of onset
deceased collapsed in field. No violence
Other contributory causes of importance:
no

Name of operation no Date of no
What test confirmed diagnosis no Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
accident, suicide, or homicide? no Date of injury no, 1933
Where did injury occur? no (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. no

Manner of injury no
Nature of injury no

24. Was disease of injury in any way related to occupation of deceased?
If so, specify no
(Signed) Ashley B. B...
(Address) no

