

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

Do not use this space.

1680

FEB 27 1934

1. PLACE OF DEATH

County Jackson Registration District No. 431
 Township _____ Primary Registration District No. 3023
 City Warrensburg (No. _____) St. _____ Ward _____

2. FULL NAME

George Washington Palmer
 (a) Residence, No. 614 Broad 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 Wk. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sally Ann Palmer
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 9, 1859
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 9 23
 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) South Bend Ind.

MOTHER FATHER 13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT P. E. Palmer
 (ADDRESS) 614 Broad Warrensburg Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Sunset Hill DATE Jan 3 1934

19. UNDERTAKER W. F. Wilcox Funeral Service
 (ADDRESS) Warrensburg Mo.

20. FILED Jan 2 1934 W. F. Wilcox
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 2 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1933 to Jan 2 1934
 I last saw him alive on Jan 1 1934. Death is said to have occurred on the date stated above, at 12:15 A.M.
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage -
arteriosclerotic
arteriohypertension
 Other contributory causes of importance:
None

Date of onset
Aug - 33
 ?
 ?

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. F. McKinney M. D.
 (Address) Warrensburg Mo.

51 6 7

