

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

Do not use this space.

1. PLACE OF DEATH

County *Anderson*
Township *East River*
City *Marion, Mo. #3*

Registration District No. *26*
Primary Registration District No. *5034*

File No. *19389*
Registered No. *68*
St. _____ Ward _____

2. FULL NAME *George Lincoln Dean*

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Kate Crockett Dean*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec, 21-1869*

7. AGE YEARS *64* MONTHS *5* DAYS *11* If LESS than 1 day, _____ hrs. _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Filling Station operator*

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) *Christian Co. Illinois*

13. NAME *Henry Dean*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ohio*

15. MAIDEN NAME *Eliza Kingson*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ireland*

17. INFORMANT *Mrs. Kate Dean*
(ADDRESS) *Marion, Mo. #3*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Marion, Mo.* DATE *June 3-1934*

19. UNDERTAKER *McPheters Bros*
(ADDRESS) *Marion, Mo.*

20. FILED *6/21-1934* *Blanche Neely*
Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 2nd 1934*

22. I HEREBY CERTIFY, That I attended deceased from *Apr - 21 1934* to *June 2 1934*
I last saw him alive on *June 2 1934* Death is said to have occurred on the date stated above, *8:30 A.m.*

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

Complication of
deceases of
Senility

Date of onset

Other contributory causes of importance:

Name of operation *none* Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? *No*

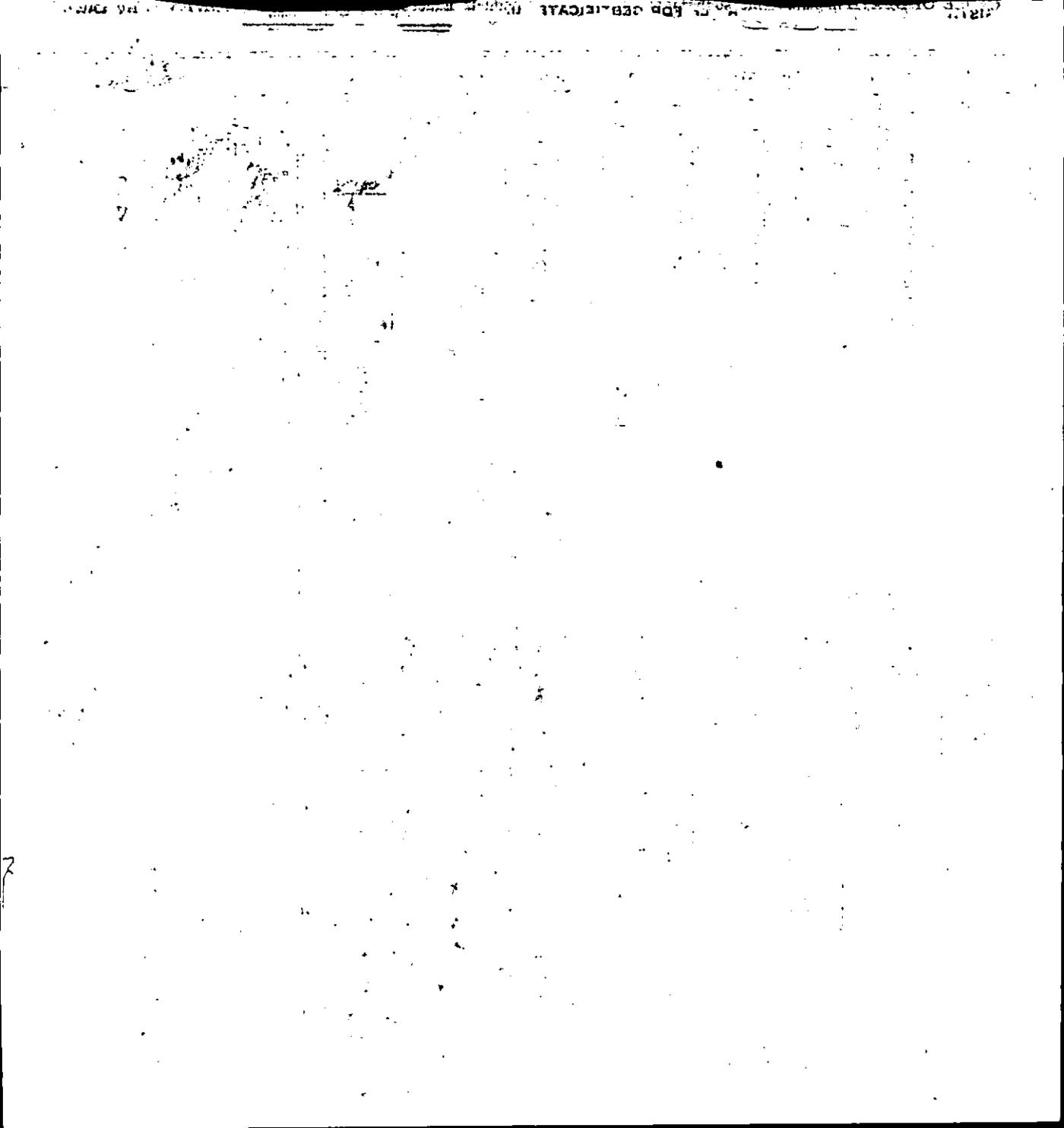
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

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. Allan Hargarden*, M. D.
(Address) *Marion, Mo.*



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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Jefferson

Registration District No. 26

Township.....

Primary Registration District No. 5034

City..... (No.)

File No.

Registered No. 68

St. Ward)

2. FULL NAME

George Lincoln Dean

(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) m

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 5 11

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19.....

19. UNDERTAKER (ADDRESS)

20. FILED 19 Blanche Keely Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from

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

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

Complication of
depression - thrombosis,
San Jose
influenza cough
acted with pleurisy
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? 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. W. Van Hargarden, M. D.

(Address) Merfies Mo

SUPPLEMENTARY

REGISTERED FOR CERTIFICATES U. S. B. LAW

S-19389