64

OCT 8 1934

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

Do not use this space.

30087

1. PLACE OF DEATH
County Marion — Registration District No. 548.
Township Liberty — Primary Registration District No. 5740.
City ~~Palmyra~~ (No. Palmyra St. Ward)

File No.
Registered No. 62.

2. FULL NAME Milton McAfee
(a) Residence, No. Withersmill Mo 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 Male
4. COLOR OR RACE Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) about 1866
7. AGE YEARS 68 MONTHS — DAYS — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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) now.
11. Total time (years) spent in this occupation Life

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

FATHER
13. NAME Willis McAfee
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Elizabeth Humphrey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) — Mo

17. INFORMANT (ADDRESS) Sam McAfee 2012 Gordon St
18. BURIAL, CREMATION, OR REMOVAL PLACE Withersmill Mo DATE 8-14 1934 Hannibal Mo.
19. UNDERTAKER (ADDRESS) Geo E Roberts Hannibal Mo
20. FILED 8-15- 1934 Gertrude Lee Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1st, 1934, to Aug 12, 1934
I last saw him alive on Aug 12, 1934 Death is said to have occurred on the date stated above, at 10:45 A m.
The principal cause of death and related causes of importance were as follows:

Chronic valvular (mitral) heart disease with dropsy

Date of onset

Other contributory causes of importance:
92A
95B

Name of operation — Date of —
What test confirmed diagnosis? Clinical 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? No
If so, specify
(Signed) Dr. W. C. Oneal, M. D.
(Address) Palmyra Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

237