

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

Do not use this space.

JUL 20 1936

22483

1. PLACE OF DEATH

County Dent
Township Watkins
City (No.) St. Ward

Registration District No. 266
Primary Registration District No. 3-378

File No.
Registered No. 48

2. FULL NAME

George Washington Inmann

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED—
HUSBAND OF Mrs. G. W. Inmann
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 1st 1851

7. AGE YEARS 84 MONTHS 10 DAYS 18 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.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

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

MOTHER FATHER 13. NAME Wm. Inmann
14. BIRTHPLACE (CITY OR TOWN) Tenn
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Jennie Welch
16. BIRTHPLACE (CITY OR TOWN) Danvers
(STATE OR COUNTRY)

17. INFORMANT Sanford Inmann
(ADDRESS) Salem, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Round Pond DATE June 19 1936

19. UNDERTAKER Carl K. Spencer
(ADDRESS) Salem Mo.

20. FILED 6/19 1936 W. E. Rudd
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17th 1936

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1936, to June 16, 1936.
I last saw him alive on June 15, 1936 Death is said to have occurred on the date stated above, at 10:00 p.m.

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

Capsuloganglionic Hemorrhage Date of onset June 15 1936

Other contributory causes of importance: Chronic Nephritis Feb 36

Name of operation None Date of

What test confirmed diagnosis Smear 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, 1936

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 None
(Signed) W. E. Rudd, M. D.
(Address) Salem, Mo.

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.

