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.

JAN 13 1937

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

Do not use this space.

41968

1. PLACE OF DEATH
County: Montgomery — Registration District No. 590
Township: Loutre — Primary Registration District No. 4348
City ..... (No. ..... St. ..... Ward)

File No. .....
Registered No. .....

2. FULL NAME: Gus Procter

(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: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): M

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Maggie Procter

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

7. AGE — YEARS: 76 — 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.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Do
10. Date deceased last worked at this occupation (month and year): Dec 1935
11. Total time (years) spent in this occupation: life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Berger Franklin Co. Mo

FATHER

13. NAME: Henry Procter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

MOTHER

15. MAIDEN NAME: Zylpha
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Zylpha Clayborn Mexico Mo

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Pannel Cemetery DATE: Nov 11, 1936

19. UNDERTAKER (ADDRESS): D. L. Warner Mexico Mo

20. FILED: Nov 11, 1936 Blanche Scholten, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 5, 1936, to Nov 9, 1936
I last saw him alive on Nov 5, 1936. 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:

Sclerosis of liver — Date of onset unknown

Other contributory causes of importance: none that I know

Name of operation: no — 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) O. R. Rauschelbach, M. D.
(Address) Rhineland Mo