

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

Do not use this space.

DEC 21 1937

1. PLACE OF DEATH

County Lincoln

Registration District No. 486

File No. 41763

Township Elberny

Primary Registration District No. 4293

Registered No. 37

City Elberny (No.)

St. Ward

2. FULL NAME

(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 Nov. 25 - 1881

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 25 - 1881

7. AGE YEARS 56 MONTHS 11 DAYS 10 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer
 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) Lincoln Co. Mo.

13. NAME J. W. M. Palmer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 11/0

15. MAIDEN NAME Margaret Roberts

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 11/0

17. INFORMANT (ADDRESS) Margaret Palmer Elberny Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Elberny Cemetery DATE 11/7 1937

19. UNDERTAKER (ADDRESS) W. O. Bradley Elberny Mo

20. FILED 12-10 1937 - C. E. Powell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-5 1937

22. I HEREBY CERTIFY, That I attended deceased from 11-4 1937 to 11-5 1937
 I last saw him alive on 11-5 1937 Death is said to have occurred on the date stated above, at 5:15 P.M.
 The principal cause of death and related causes of importance were as follows:

Coronary Occlusion
 Date of onset
 Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? Yes

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) S. Hallaway M.D.
 (Address) Elberny 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.

