

JAN 15 1938

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

Do not use this space.

1. PLACE OF DEATH

County Atchison  
Township  
City Rock Port (No. ....)

Registration District No. 19  
Primary Registration District No. 4013

File No. 44521  
Registered 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 29 - 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
77 9 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. County Patient

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 26

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) Virginia

13. NAME James Garver

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

15. MAIDEN NAME Agnis Smith

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

17. INFORMANT (ADDRESS) Frank Woody

18. BURIAL, CREMATION, OR REMOVAL PLACE Home DATE Dec 28 1937

19. UNDERTAKER (ADDRESS) J. C. Bertram

20. FILED Dec 27 1937 May H Chamberlain Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 27 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1937, to Dec 27 1937. I last saw him alive on Dec 23 1937. Death is said to have occurred on the date stated above, at 12:30 A.M.

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

Arteriosclerotic heart disease Date of onset 1930

Other contributory causes of importance:  
auricular fibrillation Cerebral embolism

Name of operation Date of

What test confirmed diagnosis Autopsy 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

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) Ernest S. George M. D. (Address) Rock Port, Mo.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERM. INENT 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.

OCCUPATION FATHER MOTHER

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