REC'D MAR 24 1938

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

Do not use this space.

8285

1. PLACE OF DEATH
County Schuyler
Registration District No. 804
File No.
Township
Primary Registration District No. 6049
Registered No.
City Greentop Mo (No. 4483 St. Ward)

2. FULL NAME Lewis P. Palmer
(a) Residence, No. Greentop 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 White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word), married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 24 - 1859

7. AGE YEARS 78 MONTHS 3 DAYS 19 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 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) (STATE OR COUNTRY) Scotland Co. Mo

FATHER
13. NAME Gipson Palmer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME Rebecca Darnell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

17. INFORMANT (ADDRESS) Mrs Maggie Palmer Greentop, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ft Madison DATE Feb 15 1938

19. UNDERTAKER (ADDRESS) Gerth & Bollett Wyaconda Mo

20. FILED Feb 14 1938 Mrs O P Harrington Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/13 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1937, to time of death, 19..
I last saw him alive on 2/13 1938. Death is said to have occurred on the date stated above, at 5.45 P.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of the Liver.

Date of onset

Other contributory causes of importance:

46

Name of operation Date of
What test confirmed diagnosis? 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?
If so, specify
(Signed) C H Van Osdol Do., M. D.
(Address) Greentop 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.

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

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