

REC'D MAY 10 1938

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

Do not use this space.

1. PLACE OF DEATH

County AudrainRegistration District No. 26File No. 13916Township Salt RiverPrimary Registration District No. 300Registered No. 61City Mexico(No. Audrain County Hospital)

St. _____ Ward _____

2. FULL NAME James O. B. Palmer 456(a) Residence, No. 2725 Federal Ave. El Paso, Texas Ward. El Paso, Texas
(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 OFMinnie Palmer6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 7, 1867

7. AGE

YEARS

70

MONTHS

7

DAYS

17IF LESS than 1
day,hrs.
ormin.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as explained,
sawyer, bookkeeper, etc.Railroad Employee9. 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) unknown11. Total time (years)
spent in this
occupation unknown12. BIRTHPLACE (CITY OR TOWN) Bristol, Tenn.
(STATE OR COUNTRY)

FATHER

13. NAME James Palmer14. BIRTHPLACE (CITY OR TOWN) Tenn.
(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Ann Dillard16. BIRTHPLACE (CITY OR TOWN) Va.
(STATE OR COUNTRY)17. INFORMANT Mrs. Minnie Palmer
(ADDRESS) El Paso, Texas18. BURIAL, CREMATION, OR REMOVAL
PLACE El Paso, Texas DATE 4/26/3819. UNDERTAKER Chas. Arnold Jr.
(ADDRESS) Mexico, Missouri20. FILED April 25, 1938 Blanche Keely
Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 24, 193822. I HEREBY CERTIFY, That I attended deceased from
April 24, 1938 to April 24, 1938I last saw him alive on April 24, 1938 Death is said
to have occurred on the date stated above, at 6.10 P.M.

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

Acute dilatation of heartCoronary Thrombosis

Other contributory causes of importance:

Parenchymatous NephritisName of operation none Date of _____What test confirmed diagnosis? physical 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) Paul E. Coile, M. D.(Address) Mexico, Mo.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

13916
Do not use this space.

1. PLACE OF DEATH
 (a) County Andrew Registration District No. 26
 (b) Township _____ Primary Registration District No. 3002
 (c) City Mexico (d) Street No. _____ Registered No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James O. B. Palmer
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>70</u>	<u>7</u>	<u>19</u>	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as 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) _____

FATHER
 13. NAME _____
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

MOTHER
 15. MAIDEN NAME _____
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____, 19____

19. FUNERAL DIRECTOR (ADDRESS) _____

20. FILED _____, 19____ Local Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____

I last saw h. _____ alive on _____, 19____. 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:
acute dilatation of heart
Coronary thrombosis
parenchymatous nephritis

Date of onset 1/21

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) Paul E. Coil, M. D.
 (Address) Mexico Mo

SUPPLEMENTARY

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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