FILED SEP 2 [illegible]

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

Do not use this space.

29572

File No.
Registered No.

1. PLACE OF DEATH
County Callaway
Township Jackson
City Auxvasse (No. 233 St. Ward)
Registration District No. 47
Primary Registration District No. 3166

2. FULL NAME Robert William Palmer
(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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 18 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	10	20	

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) Callaway Co. Mo.

FATHER
13. NAME Robert W. Palmer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway Co. Mo

MOTHER
15. MAIDEN NAME Nancy E. Hilbert
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway Co. Mo

17. INFORMANT Mrs. Ora Palmer
(ADDRESS)

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Auxvasse Cemetery DATE Aug 9 1942

19. UNDERTAKER Hughes & Martin
(ADDRESS) Auxvasse Mo.

20. FILED 8-9 1942 Jno Monnigkoff
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 8 1942

22. I HEREBY CERTIFY, That I attended deceased from April 2 1942 to Aug 8 1942
I last saw him alive on August 7 1942. Death is said to have occurred on the date stated above, at 2:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hog Emacia[illegible] following hypostasy	

Other contributory causes of importance:
8 30

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) C. B. Usahoff, M. D.
(Address) Auxvasse

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.

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

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