

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

Do not use this space.

34692

1. PLACE OF DEATH

County Cass
Township Wheaton
City Wheaton No. _____

Registration District No. 1168
Primary Registration District No. 6042A

File No. _____
Registered No. 27
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Detonia, Cal. St. _____ Ward _____

(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 4th 1885</u>		
7. AGE	YEARS <u>47</u>	MONTHS <u>5</u>
	DAYS <u>12</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Barber</u>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>2348</u>	
	10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wheaton Mo.</u>		
MOTHER	13. NAME <u>B. P. Overton</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
	15. MAIDEN NAME <u>Laura Stephens</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
17. INFORMANT <u>Mrs Ernest Overton</u> (ADDRESS) <u>Wheaton, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wheaton City</u> DATE <u>Nov 18 1932</u>		
19. UNDERTAKER <u>Belknap Funeral Home</u> (ADDRESS) <u>Wheaton Mo.</u>		
20. FILED <u>Dec 1 1932</u>	<u>E. Edmondson</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 11 1932

22. I HEREBY CERTIFY, That I attended deceased from 13 Nov 1932 to Nov 16 1932
I last saw him alive on Nov 15 1932 Death is said to have occurred on the date stated above, at 8 pm 32
The principal cause of death and related causes of importance were as follows:
Neurroma of Testicle that had always remained in belly, became diseased, size change as garden rhubarb length time
Other contributory causes of importance:
on Road from California during graphically quick descent failed in
Name of operation _____ Date of _____
What test confirmed diagnosis _____ Was there an autopsy? _____

23. If death was due to external causes (violence, fall 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. no
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) O S Overton, M. D.
(Address) Wheaton Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT 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.

