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

Do not use this space.

1. PLACE OF DEATH
County Johnson. Registration District No. 431 File No. 21793
Township Warrensburg. Primary Registration District No. 5388 Registered No.
City (No. St. Ward)

2. FULL NAME George Washington Markham.
(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 mrs Ella Markham.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 4, 1857.

7. AGE: 70 YEARS | MONTHS: 4 | DAYS: 11 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Johnson Co.
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Columbus Markham.
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Ky.
12. MAIDEN NAME OF MOTHER Elizabeth Shackelford.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) KY.

14. INFORMANT Mrs. Ella Markham.
(Address) Rt. #3. Warrensburg. Mo.

15. FILED 7/18 1927 Wm R Patterson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July. 15, 1927.

17. I HEREBY CERTIFY, That I attended deceased from July 15, 1927, to July 15th, 1927 that I last saw h alive on July 16th, 1926, and that death occurred, on the date stated above, at 3:30 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
31
(duration) yrs. 6 mos. ds.
CONTRIBUTORY (SECONDARY) Dont know
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
7/16 (Signed) B Hall, M. D
7/16, 1927 (Address) Warrensburg Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Liberty Cemetery.
DATE OF BURIAL: July. 17, 1927

20. UNDERTAKER: R. Q. Phillips. ADDRESS: Warrensburg 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.