FEB 21 1928

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

Do not use this space.

1662

1. PLACE OF DEATH

County: Bolone — Registration District No.: 449 — File No.:

Township: Washington — Primary Registration District No.: 5612 — Registered No.: 1423

City: ..... (No. ..... St. ..... Ward)

2. FULL NAME: Thomas Palmer

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

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: M

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Lora J. Beard

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct. 15 1857

7. AGE: 70 — YEARS: — MONTHS: 2 — DAYS: 21 — 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: Jasper

9. BIRTHPLACE (CITY OR TOWN): Jasper County
(STATE OR COUNTRY): Mo.

PARENTS

10. NAME OF FATHER: Not Known

11. BIRTHPLACE OF FATHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Not Known

12. MAIDEN NAME OF MOTHER: Not Known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Not Known

14. INFORMANT: Nirsle Beard
(Address): Ala. Mo

15. FILED 1/11, 1928 J M Billings
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan. 6 1928

17. I HEREBY CERTIFY, That I attended deceased from 12 24, 1927, to 1 3, 1928 that I last saw h. ..... alive on 1 4, 1928, and that death occurred, on the date stated above, at 5 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: ~~F~~ Flue

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): 113

(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? .....

(Signed) J W Lindsay, M. D

, 19 (Address) Conway

*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: Roler Cemetery — DATE OF BURIAL: 1-7 1928

20. UNDERTAKER: Palmer — ADDRESS: Tetonia

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.