

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

Do not use this space.

2759

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City **St. Louis, Mo.** (No. **Truce Hosp.**)  
 Registered No. **1 334** St. .... Ward)

**2. FULL NAME**

(a) Residence. No. **Seapulpa, Okla.** St. **12** Ward. **Seapulpa, Okla.**  
 (Usual place of abode) (If no resident give city or town and State)  
 Length of residence in city or town where death occurred yrs. **1** mos. **17** 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) **widowed.**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **July 26, 1860**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**67. 1 5 14**

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work **X Flagman**  
 (b) General nature of industry, business, or establishment in which employed (or employer) **Rail Road.**  
 (c) Name of employer **Truce R.R.**

9. BIRTHPLACE (CITY OR TOWN) **Ohio.**  
 (STATE OR COUNTRY)

10. NAME OF FATHER **Hugh.**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Ohio.**  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Jane Rice**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Ohio.**  
 (STATE OR COUNTRY)

14. INFORMANT **Miss Willie Thompson**  
 (Address) **Seapulpa, Okla.**

15. FILED **NOV 10 1928** **Mar. B. Starkoff**  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **1-10 1928.**

17. I HEREBY CERTIFY, That I attended deceased from **Nov 27**, 19**27**, to **Jan 10**, 19**28**, that I last saw him alive on **Jan 10**, 19**28**, and that death occurred, on the date stated above, at **3:45** a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

**Lobar pneumonia**  
**1248**  
**108**

CONTRIBUTORY **Arteriosclerosis of liver**  
 (SECONDARY) **non alcoholic**  
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED **1014**  
 IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? NO. DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? **no.**

WHAT TEST CONFIRMED DIAGNOSIS? **physical findings**  
 (Signed) **James A. Torrey, M.D.**

19 (Address) **4860 Leland.**

\*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 **Claremore, Ok.** DATE OF BURIAL **Jan 10 1928**

20. UNDERTAKER **Mullen Und. Co.** ADDRESS **5165 Delmar.**

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.

