

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

Do not use this space.

928

1. PLACE OF DEATH

County Randolph Registration District No. 733 File No. 6001
 Township _____ Primary Registration District No. 438 Registered No. 16
 City Huntsville (No. _____) St. _____ Ward _____

2. FULL NAME

George Washington Outchfield
 (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) Divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 3, 1945

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 10 20

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) (STATE OR COUNTRY) Randolph Co

10. NAME OF FATHER William B. Outchfield

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

12. MAIDEN NAME OF MOTHER Burba Matlock

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

14. INFORMANT Mrs P. O. Yuman (Address) Huntsville, Mo

15. FILE Feb 25, 1928 G G Progg REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb, 23 1928

17. I HEREBY CERTIFY That I attended deceased from July 18, 1928 to July 23, 1928 that I last saw him alive on July 22, 1928, and that death occurred, on the date stated above, at 2 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho-Pneumonia
IIA
11 9/10
 (duration) yrs. mos. 4 ds.
 CONTRIBUTORY Influenza
 (SECONDARY) (duration) yrs. mos. 6 ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: _____

19. DID AN OPERATION PRECEDE DEATH: _____ DATE OF _____

20. WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) G. G. Progg, M. D.
 (Address) Huntsville

*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 Fort Henry DATE OF BURIAL Feb 24 1928

20. UNDERTAKER Tom Patton ADDRESS Huntsville, Mo

