

RECORDS DEPARTMENT IS A PERMANENT RECORD

1 1928

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

Do not use this space.

13168

1. PLACE OF DEATH

County Jackson  
Township Blue  
City Independence Mo. (No. Independence R 2 S)

Registration District No. 398  
Primary Registration District No. 50897

File No. \_\_\_\_\_  
Registered No. 146  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

George H. Remington

(a) Residence No. Independence R 2 S Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

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 Nora Remington

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 18-1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_ hr. or \_\_\_\_ min.  
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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) Illinois  
(STATE OR COUNTRY) Ill

10. NAME OF FATHER Wilburn Remington

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

12. MAIDEN NAME OF MOTHER Caroline Casey

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

14. INFORMANT Nora Remington  
(Address) Independence Mo

15. FILED 5/5-28 F. L. COOK  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 30 1928

17. I HEREBY CERTIFY That I attended deceased from April 27, 1928 to April 30, 1928 that I last saw h. live alive on 4/30 19 28 and that death occurred, on the date stated above, at 7 2 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS: Cerebral Apoplexy

CONTRIBUTORY (SECONDARY) Pralyses  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

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) Channing M. D.  
4/30. 28 (Address) Indep. 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 Springfield Mo DATE OF BURIAL May 3 1928

20. UNDERTAKER Mr. C. L. Farste ADDRESS City

K. P. 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.

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