OCT 26 1928

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

Do not use this space.

30360

1. PLACE OF DEATH
County Jackson — Registration District No. 398 — File No.
Township Blue — Primary Registration District No. 3019 — Registered No. 341
City Independence (No. Independence Sanitarium St. Ward)

2. FULL NAME George M. Temple
(a) Residence. No. Near Tarsney Mo 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: w
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Anna Wyatt Temple

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov. 17, 1856

7. AGE: 51 Years — Months: 9 — Days: 26 — 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): Tarsney
(STATE OR COUNTRY): Jackson Co Mo

PARENTS
10. NAME OF FATHER: Albert Temple
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Corn
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Jackson Co Mo
(STATE OR COUNTRY)

14. INFORMANT: Mrs Geo Temple
(Address): Oak Grove Mo

15. FILED 9/24 1928 F L Cook REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 13 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug. 10, 1928, to Sept 13, 1928 that I last saw him alive on Sept 13, 1928, and that death occurred, on the date stated above, at 11 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Contributory Hepatitis, cholecystitis, appendicitis, myocarditis

Immediate cause death (duration) 9 yrs. mos. ds.

~~CONTRIBUTORY~~ (SECONDARY) Acute toxic myocarditis, from hepatic toxemia (duration) yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Jackson Co. Mo.
DID AN OPERATION PRECEDE DEATH? yes DATE OF Sept 10, '28
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? 3 clinical consultants

(Signed) E D Freeman M. D
Sept 14, 1928 (Address) Kans City 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: Blue Springs — DATE OF BURIAL: 9-16 1928

20. UNDERTAKER: G B Webb — ADDRESS: Blue Springs 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.