

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

OCT 23 1929

Dr. Clark

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

Do not use this space.

30387

1. PLACE OF DEATH

County Cole Registration District No. 013  
Township \_\_\_\_\_ Primary Registration District No. 3074  
City Jefferson (No. \_\_\_\_\_, \_\_\_\_\_ St. \_\_\_\_\_ Ward)

File No. \_\_\_\_\_  
Registered No. 214  
St. \_\_\_\_\_ Ward)

2. FULL NAME George W. Withrow

(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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 26-1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
67 7 23

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Stationary Engineer  
(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) Hot Springs, Ark

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 Heppner G Withrow (Address) Jefferson City Mo

15. FILED 10/27 1929 L. Bedford REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 18 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept 11, 1929, to Sept 18, 1929 that I last saw h. W. alive on Sept 17, 1929, and that death occurred, on the date stated above, at 3:00 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
Pneumonia

108  
121 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Interstitial Nephritis (duration) not known yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH no

IF AN OPERATION PRECEDE DEATH, DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Culture  
(Signed) L. A. Clark M.D.

9129 1929 (Address) Jefferson City

\*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 River View Cemetery DATE OF BURIAL 9/20 1929

20. UNDERTAKER WYLORE-GORDON UNDERTAKING CO. ADDRESS gcm

