

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

Do not use this space.

22662

1. PLACE OF DEATH
County Howard, Registration District No. 378
Township Payette, Primary Registration District No. 4222
City Payette, (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME J. Oscar George,
(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) Single,

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) # _____

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
72 # _____

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) Missouri

10. NAME OF FATHER Irvin George,

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

12. MAIDEN NAME OF MOTHER Penelope Reed.

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

14. INFORMANT Mrs Ruth Ware,
(Address) Payette Mo.

15. FILED 7/30, 19. 80 V. O. Bonham
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7 25 30 19 _____

17. I HEREBY CERTIFY, That I attended deceased from 7-23, 1930, to 7-25, 1930, that I last saw him alive on 7-25, 1930, and that death occurred, on the date stated above, at 8:30 15 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute cardiac decompensation
210M
95B

(duration) yrs. mos. 3 ds.
CONTRIBUTORY (SECONDARY) Auto Accident. Lost control of car, causing it to overturn. in Fayette, Mo. (duration) yrs. mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED Fayette, Mo.

IF NOT AT PLACE OF DEATH, DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical findings & X-ray
(Signed) Wm. J. Shaw, M. D.

, 19 _____ (Address) Payette, 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 DATE OF BURIAL
Walnut Ridge, 7 27 30 19 _____

20. UNDERTAKER ADDRESS
Gilbert Halley, Fayette 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. AUG 26 1930

