

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

Do not use this space.

2507

PLACE OF DEATH
 County Putnam Registration District No. 724
 Township York Primary Registration District No. 5955
 City (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 3

2. FULL NAME Jerome E Putnam
 (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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 26-1844

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. 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) Ceyford
 (STATE OR COUNTRY) Mass.

10. NAME OF FATHER Walter Putnam

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

12. MAIDEN NAME OF MOTHER Ruby Torrey

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

14. INFORMANT Ira Putnam
 (Address) Powerville, Miss.

15. FILED 1-26-31 REGISTRAR J. H. [Signature]

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 24 1931

17. I HEREBY CERTIFY, That I attended deceased from 1-24-31 to 1-24-31 1931 that I last saw him alive on 1-24-31, 1931, and that death occurred, on the date stated above, at 7 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hypertensive Pneumonia

CONTRIBUTORY (SECONDARY) apoplexy (duration) yrs. mos. ds.

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) F. T. [Signature], M. D.

1-25-31 (Address) Lawrence [Signature]

*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 St John Cemetery DATE OF BURIAL Jan 26 1931

20. UNDERTAKER Quarles, M. & Co ADDRESS Unionville

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.

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 FEB 20 1931

