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

Do not use this space.

11168

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.

APR 25 1931

1. PLACE OF DEATH
County Ralls
Township Center
City Center (No. , St. Ward)

Registration District No. 725
Primary Registration District No. 4461

File No.
Registered No.

2. FULL NAME Lloyd Granville Palmer

(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 6 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 XXXXXX

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 7, 1903

7. AGE: Years 27 Months 4 Days 16 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. XXXXX
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ralls County, Missouri

FATHER
13. NAME Thomas G Palmer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Rachel Farnsworth
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs Rachel Palmer
(ADDRESS) Center, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Center Cemtry DATE March 25, 1931

19. UNDERTAKER Giles R Hulse
(ADDRESS) Center, Mo.

20. FILED April 8, 1931 J. T. Howard
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 23, 1931

22. I HEREBY CERTIFY, That I attended deceased from March 2, 1931, to March 23, 1931
I last saw him alive on March 23, 1931. Death is said to have occurred on the date stated above, at 1:10 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	about 15 yrs ago
92 A	

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Geo. H. Batts, M. D.
(Address) Center, Mo.