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 24 1931

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

Do not use this space.

31724

4

1. PLACE OF DEATH
County Lawrence — Registration District No. 470 — File No. 57
Township Mt Vernon So. — Primary Registration District No. 5633 — Registered No.
City Mt Vernon (No. ..... St. ..... Ward)

2. FULL NAME George Elmer Overton
(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 5 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): Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Lena Overton

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 9 - 1871

7. AGE: 59 Years — 10 Months — 17 Days — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): Railroad Office
(c) Name of employer: Frisco R.R.

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Mt Vernon Mo

PARENTS
10. NAME OF FATHER: Henry B. Overton
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) North Carolyna
12. MAIDEN NAME OF MOTHER: Mary S. Antel
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Kentucky

14. INFORMANT: James S. Overton (Address) Mt Vernon, Mo

15. FILED Oct. 12, 1931 W. J. Fullow, REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 26" 1931

17. I HEREBY CERTIFY, That I attended deceased from July 1, 1931, to Sep 26, 1931, that I last saw him alive on Sep 21, 1931, and that death occurred, on the date stated above, at 8 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
acute nephritis with acute suppression of urine
(duration) 130 yrs. 13 mos. 25 ds.

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? no. DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) P A Holmes, M. D
Sep 27, 1931 (Address) Mt Vernon 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: Mt Vernon I.O.O.F. Cem. — DATE OF BURIAL: Sept 27 1931

20. UNDERTAKER: George B. Orr — ADDRESS: Mt Vernon Mo