8

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

Do not use this space.

36666

1. PLACE OF DEATH

County Vernon — Registration District No. 875 — File No.

Township Washington — Primary Registration District No. 6162 — Registered No. 247

City Nevada (No. ..... St. ..... Ward)

2. FULL NAME George Underwood

(a) Residence. No. Springfield Mo. St., 736 College Ward (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 2 mos. 28 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: Lula Underwood

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct 15 1865

7. AGE: Years 66 — Months 0 — Days 4 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Locomotive Engineer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer: Frisco Ry. Co.

9. BIRTHPLACE (CITY OR TOWN) Newton Co. (STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER: J. C. Underwood
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Tennessee
12. MAIDEN NAME OF MOTHER: Sarah Ann Buzzard
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): —

14. INFORMANT: Lula Underwood
(Address) 736 College Springfield Mo.

15. FILED 11-9-, 1931 E. R. King REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 19 1931

17. I HEREBY CERTIFY, That I attended deceased from July 21, 1931, to Oct 19, 1931 that I last saw him alive on Oct 19, 1931, and that death occurred, on the date stated above, at 4 35 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Parisis
83 83 936
(duration) ? yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Chr. Myocarditis
(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? Laboratory & Clinical
(Signed) Laurence L. Cooper, M. D.
, 19 (Address) Nevada 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: Springfield Mo. — DATE OF BURIAL: Oct 21 1931

20. UNDERTAKER: Ferry Funeral Home — ADDRESS: Ne...

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 28 1931