

X. 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.

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

Do not use this space.

37493

1. PLACE OF DEATH

County PolkRegistration District No. 373

File No. _____

Township _____

Primary Registration District No. 4219Registered No. 19City Oregon (No. _____)

St. _____ Ward _____

2. FULL NAME

(a) Residence. No. _____ St. _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 yrs. — mos. — ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

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

Robert Proffitt

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

June 16 1889

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

72427

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

at home

(b) General nature of industry, business, or establishment in which employed (or employer)

same

(c) Name of employer

self.

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

FillmoreMo

10. NAME OF FATHER

(STATE OR COUNTRY)

Jas League

PARENTS

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Myranda MarieMo

14.

INFORMANT (Address)

Mr Charles H. King Oregon Mo

15.

FILED

11-16 1931Robert Handley

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Nov 13 1931

17.

I HEREBY CERTIFY, That I attended deceased from Aug 9 1931, to Nov 13 1931, that I last saw him alive on Nov 13 1931, and that death occurred, on the date stated above, at 6:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of right maxillary gland, treated at University of Missouri, and by autopsy report of 6:30 P

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

metastatic malignancy
(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH at place of death

DID AN OPERATION PRECEDE DEATH? no DATE OF _____WAS THERE AN AUTOPSY? noWHAT TEST CONFIRMED DIAGNOSIS name(Signed) E. F. Hillman

M. D.

, 19

(Address) Oregon 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

Oregon MoNov 15 1931

20. UNDERTAKER

ADDRESS

Lester PettigrewOregon Mo

DEC 22 1931

