

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

Do not use this space.

38173

**1. PLACE OF DEATH**

County Putnam Registration District No. 470  
Township Putnam Primary Registration District No. 5605  
City (No. ....) St. .... Ward

File No. ....  
Registered No. 72 St. .... Ward

**2. FULL NAME**

(a) Residence, No. County Home St. .... Ward. (If nonresident, give city or town and State)  
(Usual place of abode)  
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 <u>M.</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 8, 1840</u>		
7. AGE	YEARS <u>91</u>	MONTHS <u>10</u>
	DAYS <u>9</u>	If LESS than 1 day, .... hrs. or .... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as engineer, sawyer, bookkeeper, etc. <u>County Home</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Home</u>	
	10. Date deceased last worked at this occupation (month and year) <u>11/18/31</u>	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Putnam Ind</u>		
FATHER	13. NAME <u>Not known</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>unknown</u>	
MOTHER	15. MAIDEN NAME <u>unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>unknown</u>	
17. INFORMANT (ADDRESS) <u>Wagon Wessell Putnam Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Putnam City Mo</u> DATE <u>11/18/31</u>		
19. UNDERTAKER (ADDRESS) <u>Wagon Wessell Putnam City Mo</u>		
20. FILED <u>Dec 10, 1931</u> <u>W. S. Feltner</u>		

Registrar.

**MEDICAL CERTIFICATE OF DEATH**

1. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 17, 1931

2. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1931, to Nov 17, 1931  
I last saw him alive on Nov 16, 1931 Death is said to have occurred on the date stated above, at 3 1/4 m.  
The principal cause of death and related causes of importance were as follows:  
Acute Lobar Pneumonia  
Date of onset

Other contributory causes of importance:  
108

8. Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

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 W. S. Feltner M. D.  
(Signed) Putnam Mo  
(Address)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH WRITING INSTRUMENTS IN INK. THIS IS A PERMANENT RECORD.

