

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.

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

Do not use this space.
40299
40209

1. PLACE OF DEATH

County Callaway
Township Fulton
City Fulton (No. _____)

Registration District No. 104
Primary Registration District No. 3008

File No. _____
Registered No. 254
St. _____ Ward _____

2. FULL NAME

James P. P. P. P. P.
(a) Residence, No. St. Charles, Mo. St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Not Known</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown</u>			
7. AGE <u>Unknown</u>	YEARS	MONTHS	DAYS
			If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
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)
Unknown

13. NAME
Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Unknown

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)
Records State Hospital #1

18. BURIAL, CREMATION, OR REMOVAL PLACE
St. Charles 12-15-31

19. UNDERTAKER (ADDRESS)
Ther. L. Taylor Fulton Mo

20. FILED Dec 14, 1931
R. N. Green
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 14, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1931, to Dec 14, 1931
I last saw him alive on Dec 13, 1931. Death is said to have occurred on the date stated above, at 5:30 Am.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
Arterio-sclerosis

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? No
If so, specify _____
(Signed) J. S. Goff, M. D.
(Address) Fulton, Mo.

