

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.

28931

1. PLACE OF DEATH

35 County Sturgeon
Township Saline
City Saline (No.)

Registration District No. 290
Primary Registration District No. 5408

File No.
Registered No. 47-132
SL Ward

2. FULL NAME

Arthur W. Proffitt
Residence. No. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 15 1874
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 9 0
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Laborer 237
(b) General nature of industry, business, or establishment in which employed (or employer) Laboring
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Ill. 2
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER William M. Proffitt
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ill.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Sarah E. Proffitt
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Iowa
(STATE OR COUNTRY)

14. INFORMANT G. C. Proffitt
(Address) 810 Ferry St. Metropolis Ill.

15. FILED 10/17, 1932 A. Glenn Davis
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 14 1932
17. I HEREBY CERTIFY, That I attended deceased from Sept 13, 1932 to Sept 14, 1932
that I last saw him alive on Sept 14, 1932, and that death occurred on the day stated above, at 9:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy
(duration) 2 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 812
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED ①
IF NOT AT PLACE OF DEATH
8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) F. W. Proffitt M. D.
9-16, 1932 (Address) Lebanon 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 Smith Cemetery DATE OF BURIAL Sept 16 1932
20. UNDERTAKER W. Daniel Harris ADDRESS Smith Mo

