Dr. Chilton

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

Do not use this space.

29789

File No. ____

Registered No. 344

1. PLACE OF DEATH

64 County: Marion — Registration District No. 547

1 Township: Marion — Primary Registration District No. 3029

8 City: Hannibal (No. 415, North 6th St., 2 Ward)

2. FULL NAME George Hamilton Engle

(a) Residence, No. 415 North 6th St., 2 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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

OCT 27 1932

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: Mary Leanna Engle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 21 - 1850

7. AGE: Years 81 — Months 5 — Days 11 — If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Drug Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Salling's Drug Store
10. Date deceased last worked at this occupation (month and year): 1920 about
11. Total time (years) spent in this occupation: ____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Monroe Co. Mo.

FATHER

13. NAME: Joseph Engle
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

MOTHER

15. MAIDEN NAME: Rosetta Rogers
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

17. INFORMANT (ADDRESS): Mrs. W. J. Bartram, Hannibal Mo.

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Barkley Cemetery — DATE: Sept. 5 - 1932

19. UNDERTAKER (ADDRESS): Wm. P. Schumacher, Hannibal Mo.

20. FILED: Sept 6 1932 — C. C. Causero, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 3 - 1932.

22. I HEREBY CERTIFY, That I attended deceased from ____, 19____ to ____, 19____

I last saw h____ alive on April, 1932. Death is said to have occurred on the date stated above, at 1:35 P.m.

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

Chronic Kidney Disease — Date of onset

Exceptional Senility

Hx / C 2 0

Other contributory causes of importance: Invalid for years

Name of operation: None — 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? no — 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 ____

(Signed) J. C. Schultz, M. D.

(Address) Bowling Green