

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.

JAN 21 1933

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

Do not use this space.

38389

1. PLACE OF DEATH  
10 County Boone Registration District No. 72  
2 Township \_\_\_\_\_ Primary Registration District No. 4041  
2 City Centralia (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

2. FULL NAME Walter Raymond Palmer  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) ✓

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 9 1932

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 day, hrs. or min.
			<u>3</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓

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) Centralia Mo

13. NAME Raymond Palmer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Mo

15. MAIDEN NAME Graves

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

17. INFORMANT O. R. Patton (ADDRESS) Centralia Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Centralia Mo DATE 12-14 1932

19. UNDERTAKER M. D. Palmer (ADDRESS) Centralia Mo

20. FILED 12/14 1932 W. J. Link Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-13 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 9 1932, to Dec 13 1932.  
I last saw him alive on Dec 13 1932. Death is said to have occurred on the date stated above, at 10 P. m.  
The principal cause of death and related causes of importance were as follows:  
Non development of brain  
1570  
Other contributory causes of importance: \_\_\_\_\_  
Date of onset: \_\_\_\_\_

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 \_\_\_\_\_  
(Signed) W. J. Link, M. D.  
(Address) Centralia Mo

