

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

Do not use this space.

38858

1. PLACE OF DEATH

County Cedar Registration District No. 163
Township Box Primary Registration District No. 5228
City (No.) St. Ward)

File No.
Registered No. 8

2. FULL NAME

James Enloe Procter
(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Amanda Maria Procter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-20-1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 1 11

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Mo

MOTHER FATHER
13. NAME Gas G Proctor

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

15. MAIDEN NAME Jennie E Proctor

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

17. INFORMANT E. V. Ornel (ADDRESS) El Dorado Springs

18. BURIAL, CREMATION, OR REMOVAL PLACE Clintonville Cem DATE 1-2, 1933

19. UNDERTAKER Wm. Siders (ADDRESS) El Dorado Springs, Mo

20. FILED 1-2-1933 J. W. Dawson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 31 1932

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h - alive on

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:

chronic interstitial nephritis
no physician in attendance
Other contributory causes of importance:
131 131 (7)

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

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. W. Dawson, Local Registrar

(Address) El Dorado Spgs Mo

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.

LB 24

