

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

Do not use this space.

39454

1. PLACE OF DEATH

45 County Howard,
Township Moniteau,
City..... (No.....).....

Registration District No. 378
Primary Registration District No. 5531

File No.
Registered No. 87
St. Ward)

2. FULL NAME

George W. Street.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11/5/1849

7. AGE 83	YEARS	MONTHS 1	DAYS 25	IF LESS than 1 day, hrs. or min.
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8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

PARENTS	10. NAME OF FATHER <u>Joe Street.</u>
	11. BIRTHPLACE OF FATHER (STATE OR COUNTRY) <u>Missouri</u>
	12. MAIDEN NAME OF MOTHER <u>Porte Pulliam,</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri.</u>

14. INFORMANT Charles Street.
(Address) Fayette, Mo.

15. FILED 1-1 1933 V. L. Bonhous
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12/28/32

17. I HEREBY CERTIFY, That I attended deceased from 12-21, 1932, to....., 19....., that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis
930
1114 (duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) hypertensive pneumonia
(duration) yrs. mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH? no DATE OF.....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS.....
(Signed) Mr. J. Shaw, M. D.
, 19..... (Address) Fayette, 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 (CITY OR TOWN) (STATE OR COUNTRY) DATE OF BURIAL
Harrisburg, Mo. Ia 1/1/33

20. UNDERTAKER ADDRESS
Guy T. Halloy, Fayette, 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.

JAN 23 1933

