

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.

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

Do not use this space.

8393

1. PLACE OF DEATH

3 County Atchison
Township Clark
City Milton (No. _____)

Registration District No. 17
Primary Registration District No. 50A

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Ezra Breed Townsend

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 5 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Nora (Million) Townsend</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 12 - 1869</u>		
7. AGE	YEARS <u>63</u>	MONTHS <u>11</u>
	DAYS <u>21</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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) <u>Atchison Co., Mo.</u>		
MOTHER	13. NAME <u>Robert Townsend</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky.</u>	
	15. MAIDEN NAME <u>Rosa Gilmore</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
17. INFORMANT (ADDRESS) <u>Mrs. E. B. Townsend, Fairfax, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Milton Cemetery</u> DATE <u>Mar. 5, 1933</u>		
19. UNDERTAKER (ADDRESS) <u>H. H. Schooler, Fairfax, Mo.</u>		
20. FILED <u>Apr. 10, 1933</u> <u>H. B. Black</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from 10:28 1933 to Mar 3, 1933
I last saw him alive on Feb 24, 1933 Death is said to have occurred on the date stated above, at 10 A. M.

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

Paralytic Agitation 1927
8 7 12
870

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

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? Yes
If so, specify _____
(Signed) Owen Hunter, M. D.
(Address) Fairfax Mo

