

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.

RECORD WITH ENVELOPING INK—THIS IS A PERMANENT RECORD

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

Do not use this space.

10675

1. PLACE OF DEATH

County Platte  
Township Marshall  
City (No. ....) St. .... Ward .....

Registration District No. 698  
Primary Registration District No. 1927

File No. ....  
Registered No. 8 St. .... Ward .....

2. FULL NAME

(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 <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>✓</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 16 - 33</u>		
7. AGE	YEARS <u>✓</u>	MONTHS <u>✓</u>
	DAYS <u>15</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>at home</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>
	10. Date deceased last worked at this occupation (month and year) <u>Mar 1 1933</u>
	11. Total time (years) spent in this occupation <u>✓</u>

12. BIRTHPLACE (CITY OR TOWN) Marshall Mo  
(STATE OR COUNTRY)

13. NAME Earl Armontrout

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

15. MAIDEN NAME Nellie Kelley

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

17. INFORMANT Earl Armontrout  
(ADDRESS) Rushville Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Logan Creek DATE Mar 2 1933

19. UNDERTAKER J. W. Miller  
(ADDRESS) Winston Mo

20. FILED 3/10 1933 J. W. Miller  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 1 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 25 - 1933 to Mar. 1 1933

I last saw him alive on Mar 1 1933. Death is said to have occurred on the date stated above, at 9<sup>00</sup> a. m.

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

Bronchial Pneumonia Date of onset Feb. 25 -  
107A  
107A

Other contributory causes of importance: ✓

Name of operation ✓ Date of ✓

What test confirmed diagnosis? urinal Was there an autopsy? no

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? no

If so, specify J. W. Miller

(Signed) J. W. Miller, M. D.

(Address) W. K. Miller

