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

Do not use this space.

22254

1. PLACE OF DEATH

County: Andrain — Registration District No.: 912 — File No.:

Township: Cuivre — Primary Registration District No.: 6232A — Registered No.: 30

City: Vandalia (No. ..... St. ..... Ward)

2. FULL NAME: Thos Govan Templeton

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

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): widowed

5A. ~~IF MARRIED~~, WIDOWED, ~~OR DIVORCED~~ HUSBAND OF (OR) WIFE OF: Sarah Templeton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 2 1857

7. AGE: YEARS 82 — MONTHS 2 — DAYS 20 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Farmer
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): Pike Co Mo

FATHER

13. NAME: Joseph Templeton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pike Co Mo

MOTHER

15. MAIDEN NAME: Sarah Wilson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pike Co Mo

17. INFORMANT (ADDRESS): Robt Spencer Mrs. Vandalia Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE: Buffalo DATE: 7-23 1933

19. UNDERTAKER (ADDRESS): C B Clark Vandalia Mo

20. FILED: 7/23 1933 Mollie Fugro Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 7-22, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1933, to July 22, 1933. I last saw him alive on July 17, 1933. Death is said to have occurred on the date stated above, at 4:00 p.m.

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

Chronic Interstitial Nephritis, several years standing. 131

Date of onset

Other contributory causes of importance: Chronic prostatitis

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? No

If so, specify .....

(Signed) D. G. Matthews M. D.

(Address) Vandalia Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

V. S. No. 2.