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.

File No. 22467

Registered No. 22

1. PLACE OF DEATH

County Caldwell — Registration District No. 93

Township Davis — Primary Registration District No. 5138

City Braymer (No. ..... St. ..... Ward)

2. FULL NAME George W. Pool

(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 40 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: Wh.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Namoni Pool

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 27, 1852

7. AGE: YEARS 81 — MONTHS 1 — DAYS 10 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Schoolteacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Public Schools

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

FATHER

13. NAME: Gatsby Pool

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: Clocey McKinney

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Mrs Ala McCray, Braymer Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Evergreen DATE July 9, 1933

19. UNDERTAKER (ADDRESS): B F Mead, Braymer Mo

20. FILED July 9, 1933 H. H. Patterson, Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1933, to July 7, 1933. I last saw him alive on Mch. 10, 1933. Death is said to have occurred on the date stated above, at 7:30 p.m.

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

Chronic myocarditis — Date of onset: Not known

93

97

Other contributory causes of importance: chronic myocarditis and arthroma

Name of operation: None — Date of .....

What test confirmed diagnosis? Clinical — 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 .....

(Signed) Henry H. Patterson, M. D.

(Address) Braymer Mo

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1932 - 7 - 7
1852 - 5 - 27
80 - 1 - 10