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.

27331

1. PLACE OF DEATH

County: Pike — Registration District No. 690

Township: New Hartford — Primary Registration District No. 5918

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

File No. .....

Registered No. .....

2. FULL NAME: Robert Overton

(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: colored

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Lucinda Overton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 10 - 1857

7. AGE — YEARS: 81 — MONTHS: 10 — DAYS: 3 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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): Lincoln Co Mo.

FATHER

13. NAME: Lewis Overton

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

MOTHER

15. MAIDEN NAME: Dont Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know

17. INFORMANT (ADDRESS): Sherman Overton, New Hartford, Mo.

18. BURIAL, CREMATION, OR REMOVAL: Fairview Cemetery DATE 8-15-1933

19. UNDERTAKER (ADDRESS): Grace Stanfield, Bowling Green Mo.

20. FILED Aug. 17, 1933 S. Clyde Craig Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug - 13th, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1933, to Aug 8, 1933. I last saw him alive on Aug 8, 1933. Death is said to have occurred on the date stated above, at 2 P.m.

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

Carcinoma of liver. — Date of onset

Other contributory causes of importance: Senility

Name of operation: None — Date of: —

What test confirmed diagnosis? None — 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) R. M. Parsons, M. D.

(Address) Silex Mo.