

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

Do not use this space.

29019

1. PLACE OF DEATH

County Cass Registration District No. 153
 Township Freeman Mo. Primary Registration District No. H 08 7
 City Freeman Mo. (No.) St. Ward

File No.
 Registered No. 5

2. FULL NAME

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

Length of residence in city or town where death occurred 2 yrs. 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bena Hill
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 15 - 1856
 7. AGE YEARS 77 MONTHS 1 DAYS 16 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 97 returns
 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) Peunee

MOTHER 13. NAME Don't know

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

MOTHER 15. MAIDEN NAME Don't know

FATHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) James R Hill
Freeman Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Freeman DATE Sept 2 1933

19. UNDERTAKER (ADDRESS) Bunnenburger Bros
Freeman Mo.

20. FILED Sept 3 1933 W J Saffron
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 1 1933
 22. I HEREBY CERTIFY, That I attended deceased from Aug 1 - 1933 to Sept 1 - 1933
 I last saw him alive on Aug 10 - 1933 Death is said to have occurred on the date stated above, at 3A m.
 The principal cause of death and related causes of importance were as follows:

Carcinoma of Prostate 1932
arteriosclerosis 1930
 Other contributory causes of importance:

Name of operation None Date of
 What test confirmed diagnosis? Cholesterol 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
No, specify
 (Signed) Isaac H Parrish, M. D.
 (Address) Freeman Mo.

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.

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

OCT 20 1933

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Dr. Parrish

