

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.

1. PLACE OF DEATH

County Webster  
Township Rogersville  
City Rogersville (No. \_\_\_\_\_)

Registration District No. 901  
Primary Registration District No. 6209

File No. 32039  
Registered No. 13  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. George W. Cathcart  
(Usual place of abode) Rogersville St. no. Ward \_\_\_\_\_

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Uta Cathcart

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 21 - 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
62 9 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Signal Maintainer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Frisco R.R. Co.

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) Ind.

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Uta Cathcart  
(ADDRESS) Rogersville, Mo.

18. BURIAL CREMATION, OR REMOVAL Maple Park Cemetery DATE Sept 24 1933

19. UNDERTAKER John Wagner & Co.  
(ADDRESS) Springfield, Mo.

20. FILED Sept 23 1933 Nellie Atkins  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 22 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 21 to Sept 22 1933

I last saw him alive on Sept 21 1933 Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Myocarditis  
Myocarditis  
9301

Other contributory causes of importance: 9301

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? If so, specify \_\_\_\_\_

(Signed) Hells Smith M. D.  
(Address) Springfield Mo.

