

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.

35520

1. PLACE OF DEATH

County AdairRegistration District No. 4

Township

Primary Registration District No. 3001

City

(No. 1)

St.

Ward)

2. FULL NAME

(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.

4 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

Anna Williams Putnam

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Feb. 4, 1

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

6090

OCCUPATION

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

Farming

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 50 yrs.

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

St. John, Missouri

13. NAME

Jerome Putnam

FATHER

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

Oxford, Massachusetts

MOTHER

15. MAIDEN NAME

Martha Bible

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

not known

17. INFORMANT (ADDRESS)

Mrs. Anna Williams Putnam

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Powersville, Mo.

DATE

Nov. 4, 1933

19. UNDERTAKER (ADDRESS)

James F. Comstock, Unionville, Mo.

20. FILED

Nov. 4, 1933 Spencer Freeman

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Nov. 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from

Nov. 1, 1933to Nov. 4, 1933I last saw him alive on Nov. 4, 1933

Death is said

to have occurred on the date stated above, at 12:50 P.M.

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

Pernicious Anemia

Date of onset

192971A

Other contributory causes of importance:

Name of operation Blood transfusionDate of Nov. 2, 1933What test confirmed diagnosis? laboratory 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)

Spencer Freeman, M. D.

(Address)

Kirksville, Mo.

