

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.

MAR 24 1934

1. PLACE OF DEATH

County Marion
Township Jefferson
City Belle (No. 1)

Registration District No. 541
Primary Registration District No. 11321

File No. 37141-2
Registered No. 11321
St. Mo. Ward 1

2. FULL NAME

(a) Residence, No. George D. Underwood St. Mo. Ward 1
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. 10 ds. How long in U. S., if of foreign birth? yrs. 1 mos. 10 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 Sarah Underwood

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1897-10-1

7. AGE YEARS 36 MONTHS 1 DAYS 7 If LESS than 1 day, ... hrs. or min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired Banker

10. Date deceased last worked at this occupation (month and year) Sept 1928 11. Total time (years) spent in this occupation 27

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

13. NAME Thomas Underwood

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

15. MAIDEN NAME Elizabeth Underwood

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

17. INFORMANT Mrs. Sarah Underwood (ADDRESS) Belle, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis, Mo. DATE Nov 10 1933

19. UNDERTAKER S. G. Lick (ADDRESS) Belle, Mo.

20. FILED Mar 10 1934 Mrs. Genoa Johnson Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 8 1933

22. I HEREBY CERTIFY That deceased died before medical aid reached him I last saw him alive on Nov. 6, 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:

Interaschiasis of the coronary arteries of the heart

Other contributory causes of importance hypertension

Sanitary

Name of operation Symptomatic Date of history

What test confirmed diagnosis Symptomatic Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury no

Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify no

(Signed) Chas. R. Farrell M. D.

(Address) Belle, Mo.

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