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.

37248

1. PLACE OF DEATH
County Montgomery — Registration District No. 592 — File No.
Township — Primary Registration District No. 4350 — Registered No. 7
City Montgomery (No. , St. Ward)

2. FULL NAME George Washington Daniels
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. I 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maria Daniels

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 2 nd 1843

7. AGE — YEARS: 89 — MONTHS: II — DAYS: II — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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) West Virginia

FATHER
13. NAME Joseph Akins
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER
15. MAIDEN NAME Jane Daniels
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) J. C. Daniels Montgomery City Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Wellsville Mo DATE II/15/33 19

19. UNDERTAKER (ADDRESS) C. W. Hopkins Montgomery City Mo

20. FILED Nov. 14, 1933 Buell Menefee Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) II/13/33, 19

22. I HEREBY CERTIFY, That I attended deceased from Nov. 8, 1933, to Nov. 13, 1933
I last saw him alive on Nov 12, 1933. Death is said to have occurred on the date stated above, at 4:30 pm.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	Nov. 8, 33
1932	
1933	

Other contributory causes of importance:
Hypertrophy of prostate — Not known

Name of operation None Date of
What test confirmed diagnosis? Phys. Exam 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) Buell Menefee, M. D.
(Address) Montgomery City, Mo