

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

Do not use this space.

42292

1. PLACE OF DEATH
 102 County Shelby Registration District No. 830
 4 Township Salt River Primary Registration District No. 6-095
 2 City Shelby (No. 150) St. _____ Ward _____

2. FULL NAME
James Elliott Palmer

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF Kathryn Palmer
 (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 24, 1955

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,	hrs.	or	min.
	<u>78</u>	<u>1</u>	<u>24</u>				

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

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) Toronto Canada

13. NAME William Palmer

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

15. MAIDEN NAME Sarah Elliott

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

17. INFORMANT (ADDRESS) Forest Leidoroff Shelby, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Clifton Hill, Mo **DATE** Dec. 19, 1933

19. UNDERTAKER (ADDRESS) E. Hayes Shelby, Mo

20. FILED Jan 10 1934 Madge Groch Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-17-1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 11, 1933 to Dec. 17, 33, 19____.

I last saw him alive on Dec. 12 - 1933 Death is said to have occurred on the date stated above, at 9. A. m.

The principal cause of death and related causes of importance were as follows:
uraemia Date of onset _____
137
137B
137
 Other contributory causes of importance: Prostatic hypertrophy

Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical 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) A. M. Wood M. D.
 (Address) Shelby Mo.

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.

JAN 26 1934

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