

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

Do not use this space.

314

1. PLACE OF DEATH

County Rush Registration District No. 82
 Township Washington Primary Registration District No. 527 File No. 61
 City Industrial City, Mo. (No. 5 Ward) Registered No. 5

2. FULL NAME

Robert J. Proffit
 (a) Residence, No. Industrial City, Mo. 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. 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) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Luella Proffit
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 26, 1850
 7. AGE YEARS 83 MONTHS 11 DAYS 26 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brick Mason
 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) Unknown Virginia

MOTHER 13. NAME Leuris Proffit

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

15. MAIDEN NAME Eliza George

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

17. INFORMANT Mrs. Macey Proffit (ADDRESS) Fullmore, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oregon, Mo. DATE Jan. 24, 1934

19. UNDERTAKER E. P. Sidenlader (ADDRESS) 602 So. 10th St.

20. PREPARED Jan 23, 1934 J. J. Bauerbach Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1933 to Jan 22, 1934

I last saw him live on Jan 21, 1934 Death is said to have occurred on the date stated above, at 2:30 P.M.

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

Cancer liver Date of onset Jan/33

Other contributory causes of importance:

Name of operation Physical Date of 0

What test confirmed diagnosis? Physical Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? 0 Date of injury 0, 1900

Where did injury occur? 0 (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 0

Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? 0

If so, specify 0

(Signed) 99 Thompson, M. D.

(Address) 525 Charles

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.

Dr. Thompson