

MAR 24 1934

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

Do not use this space.

5549

1. PLACE OF DEATH

55
4
County Lawrence Registration District No. 467 File No.
Township Aurora Primary Registration District No. 4280 Registered No. 9
City Aurora (No. 16 East High) St. Ward)

2. FULL NAME George Washington Letterman

(a) Residence, No. 16 East High 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*) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Julia Ann Jane Letterman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 8, 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 0 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. Wood Worker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) Webster County (STATE OR COUNTRY) Missouri

MOTHER 13. NAME Jonas Letterman

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

15. MAIDEN NAME Mary A Miller

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

17. INFORMANT Frank Letterman (ADDRESS) Aurora Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Aurora Mo. DATE Feb. 25 1934

19. UNDERTAKER King Funeral Home (ADDRESS) Aurora Mo

20. FILED 2-25 1934 R.D. Common Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 23, 1934

22. I HEREBY CERTIFY That I attended deceased from Feb. 9 1934 Feb. 23 1934
I last saw him alive on Feb. 23 1934 Death is said to have occurred on the date stated above, at 8.25 a.m.

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

accidental fall injury Feb 9
injury to hip
1868
1878
1885
Other contributory causes of importance:
Ypres

Date of onset
Feb 9
14

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? Accident Date of injury 2-9 1934
Where did injury occur? on R.R. on McPhatt Ave
Aurora Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
in public place on R.R. Craig
Manner of injury injury to hip
Nature of injury subcutaneous but probably fracture

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Thomas D. Miller, M. D.
(Address) Aurora, Mo.

