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.

MAR 24 1934

MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH
County Pemiscot — Registration District No. 683 — File No. 5964
Township Hayti — Primary Registration District No. 5864 — Registered No. 29
City ~~Hayti~~ (No. ..... St. ..... Ward)

2. FULL NAME James E Palmer
(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. 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): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary Palmer
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 25 - 1861
7. AGE: 72 YEARS — MONTHS: 11 — DAYS: 10 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Music, teacher
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): 2-28-34
11. Total time (years) spent in this occupation: 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Carrie Co Penn

FATHER
13. NAME: Green Palmer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penn

MOTHER
15. MAIDEN NAME: Harriet Farber
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penn

17. INFORMANT (ADDRESS): Mary Palmer Hayti, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Maple Ave. DATE: 2-26-1934
19. UNDERTAKER (ADDRESS): [illegible] Sikeston Mo
20. FILED: 2-5-1934 J. W. Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2-5-1934
22. I HEREBY CERTIFY, That I attended deceased from Jan 28 1934, to Feb 5, 1934
I last saw him alive on Feb 5, 1934 Death is said to have occurred on the date stated above, at 11 a m.
The principal cause of death and related causes of importance were as follows:
Cortic Regulation — Date of onset 1-28-34
Falling Compensation
92A
95B
Other contributory causes of importance:
92A
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....
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) R. E. Ellis, M. D.
(Address) Sikeston Mo

1934
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