

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

Do not use this space.

9504

33

1. PLACE OF DEATH

54
6
4
County
Township
City

St. Louis
Washington
St. Louis

Registration District No.

461

Primary Registration District No.

3024

File No.

Registered No.

St.

Ward)

2. FULL NAME

George A. Venable

(a) Residence, No.

St.

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

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)

Single

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

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

Feb. 22-1867

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

67

01

24 5

OCCUPATION

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

Bookkeeper

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)

Livingston Miss.

FATHER

13. NAME

Geo. P. Venable

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

Lithman Ohio

MOTHER

15. MAIDEN NAME

Sarah Anderson

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

Livingston Miss.

17. INFORMANT (ADDRESS)

G. P. Venable Chicago Ill.

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Livingston Mo.* DATE *3/29* 19*34*

19. UNDERTAKER (ADDRESS)

Quest Magertson

20. FILED

Mar 28 19*34* *Jay Buil Bates* Registrar

MEDICAL CERTIFICATE OF DEATH

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

March 27 19*34*

22. I HEREBY CERTIFY, That I attended deceased from

Oct 15 19*33*, to *March 27* 19*34*

I last saw him alive on *March 20* 19*34*. Death is said

to have occurred on the date stated above, at *5:30* A. M.

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

Arteriosclerosis

97 95B

Other contributory causes of importance:

Recent Cardiac Disturbance

Date of onset
Several
years

Name of operation

Date of

What test confirmed diagnosis? 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

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

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

If so, specify

(Signed) *D. O. Ryland*, M. D.

(Address) *Livingston 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.

1934

