

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

Do not use this space.

**1. PLACE OF DEATH**

County Platte  
Township Leawee  
City \_\_\_\_\_ (No. \_\_\_\_\_, \_\_\_\_\_ St. \_\_\_\_\_ Ward)

Registration District No. 696  
Primary Registration District No. 5924

File No. 13876-A  
Registered No. 17

**2. FULL NAME**

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Becky White</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 5 1884</u>		
7. AGE	YEARS <u>79</u>	MONTHS <u>7</u>
	DAYS <u>17</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 22 - 1934  
22. I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1933, to April 22, 1934  
I last saw him alive on April 22, 1934. Death is said to have occurred on the date stated above, at 9:00 a.m.  
The principal cause of death and related causes of importance were as follows:

Date of onset \_\_\_\_\_  
General Debility  
Chronic Dilatation of Heart.  
Other contributory cause of importance: None

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Platte Co. Mo.</u>
	13. NAME <u>Becky R. Morton</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Madison Co. Mo.</u>
	15. MAIDEN NAME <u>Sarah Ruth Hunt</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Howard Co. Mo.</u>
17. INFORMANT (ADDRESS) <u>Mrs. James Morton, Platte Co. Mo.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Platte Co. Mo.</u> DATE <u>April 24, 1934</u>	
19. UNDERTAKER (ADDRESS) <u>W. H. Poldine, Platte Co. Mo.</u>	
20. FILED <u>Apr 27 1934</u> <u>Miss Thelma E. Murray</u> Registrar.	

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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) E. C. Hill, M. D.  
(Address) Smithville, Mo.

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.

MAY 10 1934

