

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.

JUN 27 1934

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

Do not use this space.

19278

1. PLACE OF DEATH
 County Nebraska Registration District No. 815
 Township Nebraska Primary Registration District No. 1162
 City Nebraska (No. _____) St. _____ Ward _____

2. FULL NAME Ollie Putnam
 (a) Residence, No. at Hospital #3 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. 3 mos. 21 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) wid.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) ? 1897

7. AGE YEARS 37 MONTHS ? DAYS ? If LESS than 1 day, _____ hrs. or _____ min.

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

MOTHER
 13. NAME Harney
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
 15. MAIDEN NAME _____
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

FATHER
 17. INFORMANT (ADDRESS) _____
 18. BURIAL, CREMATION, OR REMOVAL Chicks PLACE DATE 5 29 1934

19. UNDERTAKER Henry Funeral Home (ADDRESS) Nebraska

20. FILED 5-29 W. M. Nunn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 5, 1934, to May 26, 1934.
 I last saw him alive on Feb. 11, 1934. Death is said to have occurred on the date stated above, at 12:10 P. m.
 The principal cause of death and related causes of importance were as follows:
Sclerosis of spinal cord
(Autism's disease)
 Date of onset 2 yrs.

Other contributory causes of importance:
GI

Name of operation no op. 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? _____ 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) J. O. Bell M. D.
 (Address) Nebraska, Mo.

