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.

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

Do not use this space.

1. PLACE OF DEATH

County: Davioss — Registration District No.: 250 — File No.: 19964

Township: — Primary Registration District No.: 4150 — Registered No.: 714

City: Gallatin (No. ..., ... St. ... Ward)

2. FULL NAME: George Stewart

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	Colored	Widowed

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

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

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
About 80			

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Timber

10. Date deceased last worked at this occupation (month and year): June 1934

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

FATHER

13. NAME: Unknown

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

MOTHER

15. MAIDEN NAME: Unknown

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

17. INFORMANT (ADDRESS): Sam Crenshaw, Gallatin, Mo.

18. BURIAL, CREMATION, OR REMOVAL — PLACE: County Cemetery — DATE: July 1 1934

19. UNDERTAKER (ADDRESS): Hope Furn. & Undt. Co., Gallatin, Mo.

20. FILED: 7-1- 1934 P. C. Gardner, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from 6-29-, 1934, to 6-29-, 1934

I last saw him alive on 6-29-, 1934. Death is said to have occurred on the date stated above, at 5:30 P.M.

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

Chr Parenchymatous nephritis.

131

Date of onset

Other contributory causes of importance:

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? ... 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) P. C. Gardner, M. D.

(Address) Gallatin Mo