

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.

21040

## 1. PLACE OF DEATH

57 County Missouri  
1 Township Elburn  
3 City Elburn

Registration District No. 486  
Primary Registration District No. 4293

File No. ....  
Registered No. 12  
St. .... Ward)

## 2. FULL NAME

(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 <u>Male</u>	4. COLOR OR RACE <u>Black</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Do not know most late</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>9 Oct + 863</u>		
7. AGE <u>41</u>	YEARS —	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. <u>day laborer</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 <u>Life</u>

12. BIRTHPLACE (CITY OR TOWN) Pike Co Mo  
(STATE OR COUNTRY)

13. NAME George Banks Head

14. BIRTHPLACE (CITY OR TOWN) Pike Co Mo  
(STATE OR COUNTRY)

15. MAIDEN NAME Susan Ware

16. BIRTHPLACE (CITY OR TOWN) Pike Co Mo  
(STATE OR COUNTRY)

17. INFORMANT George Banks Head  
(ADDRESS) Payrolls Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Dance Cemetery DATE 6/17 1934

19. UNDERTAKER W. J. Bradley  
(ADDRESS) E. L. Lewis Mo.

20. FILED 7-10 1934 G. E. Vowell

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13, 1934

22. I HEREBY CERTIFY, that I attended deceased from June 11, 1934, to June 13, 1934

I last saw him alive on June 13, 1934. Death is said to have occurred on the date stated above, at 11-7 a.m.

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

Arterio Sclerosis

Date of onset

Other contributory causes of importance

Name of operation .....

What test confirmed diagnosis? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? .....

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) G. A. McFarlane, M. D.

(Address) Payrolls Mo.

