

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

Do not use this space.

1. PLACE OF DEATH

65 County Mercer
Township Morgan
City _____ (No. _____)

Registration District No. 556 ✓
Primary Registration District No. 5750

File No. 21186
Registered No. 27
St. _____ Ward _____

2. FULL NAME Edward B Painter

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 5 1873

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
61 0 3

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Roxanna
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER John Painter

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Penna.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Christine Snell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Penn.
(STATE OR COUNTRY)

14. INFORMANT Mrs. Eva Painter
(Address) RFD 4 Princeton Mo

15. FILED 6/9 1934 Juberry REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 8 1934
17. _____

I HEREBY CERTIFY, That I attended deceased from June 8 1934, to June 8 1934, that I last saw him alive on June 30 1934 and that death occurred, on the date stated above, at _____

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Hemorrhage
1180 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Acute Indigestion
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physicist
(Signed) _____ M. D.

6/9 1934 (Address) Princeton

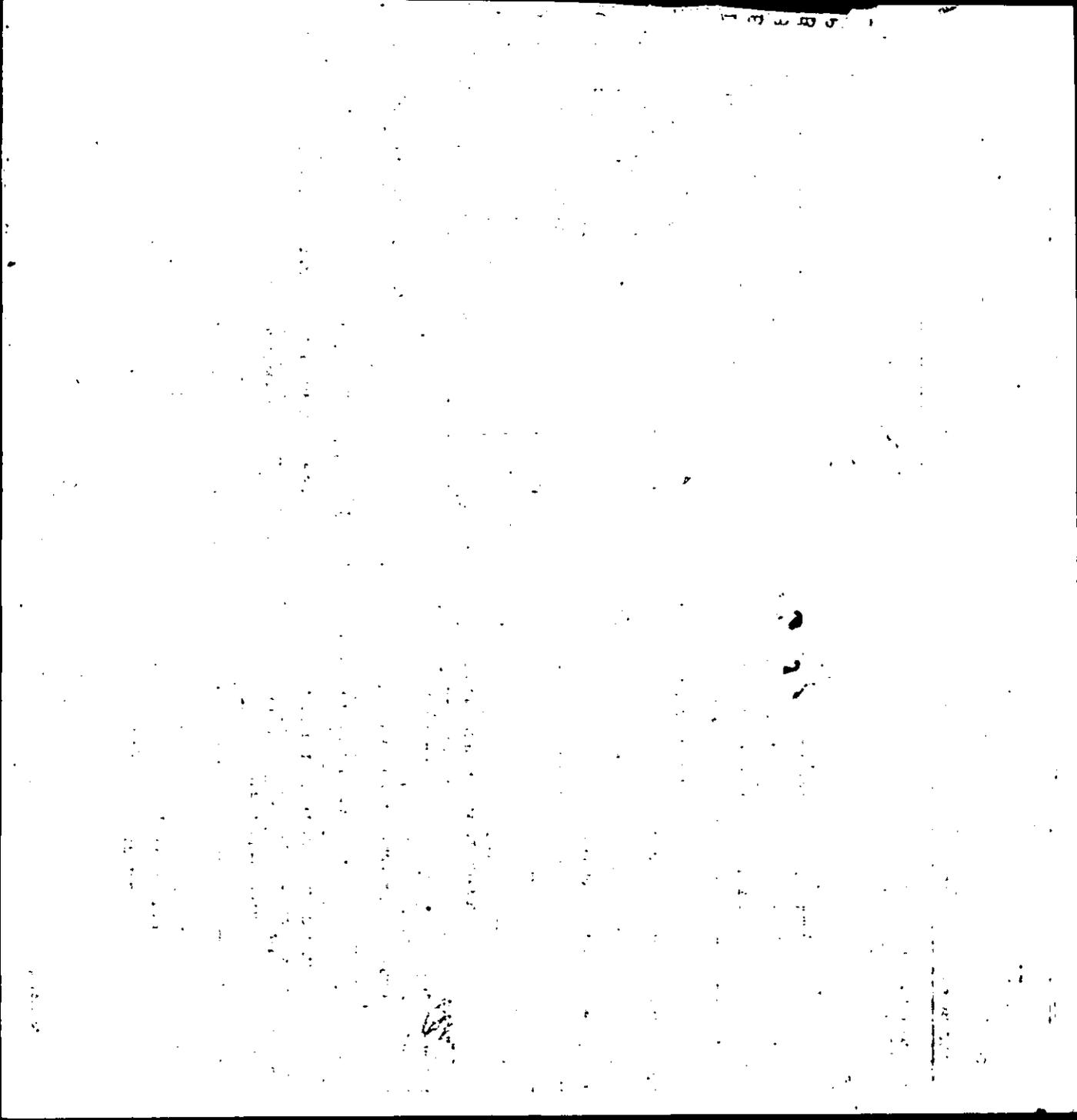
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Princeton Cemetery DATE OF BURIAL 6-10 1934

20. UNDERTAKER* Martin Funeral Home ADDRESS Princeton

JUL 3 1934

55



Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Edward B Painter
Who died at _____ on June 8 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex m Color or race w Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 61 Months 0 Days 9

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: Cerebral hemorrhage

Alcoholism
Other contributory causes of importance: acute indigestion

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

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

If so, specify _____

Name of physician _____

Address of physician _____

Signature of Registrar Jerry Registrar 556-

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 556

Primary Reg. Dist. No. 5750

Very truly yours,
E. T. McLaugh M.D.

Special Agent.

e.c.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1950-1951

S-21184