

SEP 21 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County JacksonRegistration District No. 398Township IndependencePrimary Registration District No. 3019City Independence (No.)St. Ward

2. FULL NAME

(a) Residence, No. 500 S Main 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>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF OR WIFE OF <u>Wm N. Proffitt</u>

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 1 - 1843

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>90</u>	<u>11</u>	<u>20</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) Independence
(STATE OR COUNTRY) Mo.13. NAME Berry Tyler14. BIRTHPLACE (CITY OR TOWN) Virginia
(STATE OR COUNTRY)15. MAIDEN NAME Zerena Dickey16. BIRTHPLACE (CITY OR TOWN) Independence
(STATE OR COUNTRY) Mo.17. INFORMANT J. D. Proffitt
(ADDRESS) 500 S Main, Indep Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE Woodlawn DATE Aug 22, 193419. UNDERTAKER Ott and Mitchell Indep Mo
(ADDRESS)20. FILED August 23, 1934 J. L. Cook
Registrar.

3. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 20, 193422. I HEREBY CERTIFY, That I attended deceased from July 25, 1934, to Aug 20, 1934.I last saw him alive on Aug 20, 1934. Death is said to have occurred on the date stated above, at 11:00 a.m.

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

Inanition & Senility
arterio-sclerosis
77
167 97

Other contributory causes of importance:
Senility & arterio-sclerosis

Name of operation none Date of What test confirmed diagnosis? Chloroform 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. Allen M. D.(Address) Independence, Mo.

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.

100M-11-22-33

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 35 \\
 17 \\
 18 \\
 10 \\
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 277
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$$\begin{array}{r}
 257 \\
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 13 \\
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 288
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