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.

NOV 10 1934

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

Do not use this space.

1. PLACE OF DEATH

33 County Dent — Registration District No. 266 — File No. 35644

Township Springcreek — Primary Registration District No. 5-370 — Registered No. 68

City ..... (No. ..... St. ..... Ward)

2. FULL NAME W.M. Freeman

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

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: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/14. ~~34~~ 1864

7. AGE — YEARS: 70 — MONTHS: 7 — DAYS: 2 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Crawford Co. Mo

FATHER

13. NAME Andy Freeman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) -- Mo

MOTHER

15. MAIDEN NAME Tessie Taft
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) -- ---

17. INFORMANT (ADDRESS) Lee Freeman St. Louis Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Butts Cem DATE 10/19/34 19

19. UNDERTAKER (ADDRESS) Carl K Spencer Salem Mo

20. FILED 10/18/ 1934 W. E. Rudd, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 5, 1932 to Oct. 16, 1934
I last saw him alive on Oct. 15, 1934. Death is said to have occurred on the date stated above, at 11:30 P.m.
The principal cause of death and related causes of importance were as follows:

Prostatic Cancer — Date of onset 4/5/32

Other contributory causes of importance: Toxic condition from Pyorrhoea and residual urine

Name of operation ..... Date of .....
What test confirmed diagnosis? Physical 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) Jas. W. McCarty, M. D.
(Address) Salem Mo