

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

Do not use this space.

43797

JAN 10 1935

1. PLACE OF DEATH
 County Moniteau *Morgan* Registration District No. 971
 Township Mill Creek Primary Registration District No. 5797
 City (No. St. Ward)

File No. 10
 Registered No. _____

2. FULL NAME J. F. Putnam
 (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 male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (write name) Edith Putnam
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September, 19, 1892
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
42 . 3 . 12

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) 12/3/34 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) Cooper County
 (STATE OR COUNTRY) Missouri

13. NAME J. M. Putnam

14. BIRTHPLACE (CITY OR TOWN) Cooper County
 (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Elizabeth Ranz

16. BIRTHPLACE (CITY OR TOWN) Kentucky
 (STATE OR COUNTRY)

17. INFORMANT E. W. Perkins
 (ADDRESS) Syracuse, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Syracuse, Mo DATE January 2, 1935

19. UNDERTAKER Jessie E. Perkins
 (ADDRESS) Syracuse, Mo

20. FILED Jan 7, 1935 Ormer E. Conroy
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/31 1934
 22. I HEREBY CERTIFY, That I attended deceased from Dec-29 1934, to 12-31 1934
 I last saw him alive on 12/31 1934 Death is said to have occurred on the date stated above, at 9:20 p.m.
 The principal cause of death and related causes of importance were as follows:

Chronic Nephritis Date of onset 1933
13/97
 Other contributor causes of importance Arteriosclerosis 10/2

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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 12 1934
 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) W. H. H. H. H. M. D.
 (Address) Ottumwa, Mo

WHITE 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.

