Feb 27 1935

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

Do not use this space.

File No. 2145

Registered No. Eleven

1. PLACE OF DEATH

County Moniteau — Registration District No. 576

Township Burris Fork — Primary Registration District No. 576A

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

2. FULL NAME James William Procter

(a) Residence, No. Enon, Mo. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Eliza Procter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 16th, 1876

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
58	5	4	

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) Forth Worth Tex.

FATHER

13. NAME Benjamine I. Procter

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

MOTHER

15. MAIDEN NAME Lala Etter

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

17. INFORMANT Mrs. Eliza Procter
(ADDRESS) Enon, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Clean, Cem DATE Jan. 22nd, 1935

19. UNDERTAKER G. N. Steffens
(ADDRESS) Russellville, Mo.

20. FILED 1/22 1935 Jewell W. Phillips Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 20th, 1935 .19

22. I HEREBY CERTIFY, That I attended deceased from 1-20, 1935, to 1-20, 1935

I last saw him alive on 1-20, 1935. Death is said to have occurred on the date stated above, at 1-30 P.M.

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

	Date of onset
Apoplexy	1-20 1935

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical 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) G. D. Walker, M. D.

(Address) Enon Mo

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.