

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.

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

Do not use this space.

MAR 3 4 1935

1. PLACE OF DEATH

County Montgomery
Township Brook
City High Hill (No. 5787A)

Registration District No. 5-89
Primary Registration District No. 4247

File No. 6153
Registered No. 4
St. High Hill Ward 4

2. FULL NAME

(a) Residence, No. John M Proffitt St. High Hill Ward 4
(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. (If nonresident, give city or town and State)

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 Frances Proffitt
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 14 1857
7. AGE YEARS 78 MONTHS - DAYS 19 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm
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) Illinois

13. NAME Young Proffitt

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

15. MAIDEN NAME

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

17. INFORMANT Louis Proffitt (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE High Hill DATE Feb 27 1935

19. UNDERTAKER J. M. Proffitt (ADDRESS)

20. FILED Mar 4 1935 W. C. Ball Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from August 1930 to Feb. 25, 1935

I last saw him alive on Feb. 24, 1935 Death is said to have occurred on the date stated above, at 5 A.m.
The principal cause of death and related causes of importance were as follows:

1. Valvular Heart Disease, 1930
Mitral Insufficiency. 92a
2. Arterio-sclerosis 1930
3. Anasarca moderate, legs Feb. 35
arms, body, and face.
Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Phys. Exam 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) Bull Menzies M. D.
(Address) Montgomery City, Mo.

Phenol
and reduced at once

Wm. H. H. H. H.