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.

APR 1 1 1935

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

Do not use this space.

13670

1. PLACE OF DEATH
County Montgomery
Township BEAR CREEK
City ~~Acer Jonesburg~~ Mo (No. ..... St. ..... Ward)

Registration District No. 599
Primary Registration District No. 5787a

File No. .....
Registered No. 5-3

2. FULL NAME GEORGE PINKNEY POOLE
(a) Residence, No. MONTGOMERY CITY, Mo 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. 10 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 Lucy L. Poole

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 25-1857

7. AGE Years 77 Months 4 Days 9 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
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) Jan. 1935
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway County

FATHER
13. NAME William Poole
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

17. INFORMANT (ADDRESS) Mrs. J. P. Poole Montgomery City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Montgomery City Mo DATE Apr 6 1935

19. UNDERTAKER (ADDRESS) F. Kidwell Montgomery City Mo

20. FILED Apr. 5 1935 Ed A. Ball Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 4 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1935, to April 4, 1935
I last saw him alive on March 23, 1935 Death is said to have occurred on the date stated above, at 12 30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Grangrene, right foot	3 mo.
Gangrene, right hip	3 days
caused by embolis	
Other contributory causes of importance:	
Arterio schlerosis	4 yrs

Name of operation ..... Date of .....
What test confirmed diagnosis? Sys. Exa 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) Buell Menefee, M. D.
(Address) Montgomery City, Mo.