

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.

JUN 2 1935

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

Do not use this space.

13968

1. PLACE OF DEATH

County Putnam
Township Elm
City (No. _____) _____

Registration District No. 919
Primary Registration District No. 5950

File No. _____
Registered No. 28

St. _____ Ward _____

2. FULL NAME

(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 M. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-26-1857

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
77 8 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired 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) MO13. NAME Geo Newman14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee15. MAIDEN NAME Elizabeth Riles16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown17. INFORMANT A. P. Mangrum (ADDRESS) Franklin Jones18. BURIAL, CREMATION, OR REMOVAL PLACE Brushfield DATE Apr 26 3519. UNDERTAKER F. O. Husted (ADDRESS) Unionville MO20. FILED April 25 1935 Dr. C. C. Thomas Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-25, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 21, 1935, to April 24, 1935. I last saw him alive on April 24, 1935. Death is said to have occurred on the date stated above, at 2 P. M.

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

Cerebral hemorrhage Date of onset 4-28-35

Other contributory causes of importance:
Arterio-Sclerosis
abnormally high blood pressure

Name of operation _____ Date of _____
What test confirmed diagnosis? Pupillary 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) O. P. Green M. D.
(Address) Green City MO

