

OCT 17 1935

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

Do not use this space.

28584

1. PLACE OF DEATH
 County Adair Registration District No. 4
 Township Kentville Primary Registration District No. 2001
 City Kentville (No. _____) St. _____ Ward _____

2. FULL NAME James Poston
 (a) Residence No. _____ St. _____ Ward Edwards Mo
 (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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep-7-1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 0 23

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) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 30 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 27 1935 to Sept 30 1935
 I last saw him alive on Sept 30 1935. Death is said to have occurred on the date stated above, at 3 P. m.
 The principal cause of death and related causes of importance were as follows:

Fracture of skull

Other contributor causes of importance: None

Name of operation None Date of _____
 What test confirmed diagnosis? X-rays Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, fall from ladder Date of injury Sept 27 1935
 Where did injury occur? at home, Edina Mo
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury at home fall from ladder
 Nature of injury fracture of skull

24. Was disease or injury in any way related to occupation of deceased? yes
 If so, specify _____ (Signed) Geo R. Saeghlin D.O.
 (Address) Kentville Mo

12. BIRTHPLACE (CITY OR TOWN) Linness (STATE OR COUNTRY) Mo.

13. NAME Wm Poston

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

15. MAIDEN NAME Louise Johnston

16. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) Ky.

17. INFORMANT Bettie Poston (ADDRESS) Edina Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE As Catholic Cemetery DATE 10-2-1935

19. UNDERTAKER Mrs J. W. Hudson (ADDRESS) Edina Mo.

20. FILED Oct. 5 1935 Spencer Deama Registrar.

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.

