OCT 17 1935

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

Do not use this space.

28801

File No.
Registered No.

1. PLACE OF DEATH

County Buchanan — Registration District No. 85

Township — Primary Registration District No. 1001

City St. Joseph, Mo. (No. St. Joseph's Hospt'l. St. Ward)

2. FULL NAME William Galen George

(a) Residence, No. 6222 South Third 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 Olive George

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 14, 1902

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	33	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Employee, Swift & Co.

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) St. Joseph, Mo.

FATHER

13. NAME G. B. George

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Easton, Mo.

MOTHER

15. MAIDEN NAME Katherine Johamna

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Easton, Mo.

17. INFORMANT J. E. George (ADDRESS) Atchison, Kans.

18. BURIAL, CREMATION, OR REMOVAL PLACE Easton, Mo. DATE 9/28/35, 19

19. UNDERTAKER FLEEMAN & SON INC. (ADDRESS)

20. FILED 9-29, 1935 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 24, 1935, to Sept 28, 1935

I last saw ~~him~~ alive on Sept 28, 1935. Death is said to have occurred on the date stated above, at 9:10 A.m.

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

Lobar pneumonia — Date of onset 9/26/35

Other contributory causes of importance:

Name of operation none 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) C. A. Grant, M. D.

(Address) St. Joseph, 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.