

NOV 26 1935

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

Do not use this space.

33114

1. PLACE OF DEATH

County Jasper
Township Jacobs
City (No)

Registration District No. 416
Primary Registration District No. 5574

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

A. H. Palmer

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da. (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 Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 20 1849

7. AGE YEARS 86 MONTHS 4 DAYS 5 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) 7/30 11. Total time (years) spent in this occupation 80

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

13. NAME Joiner Palmer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT George Palmer (ADDRESS) Springfield, Mo.

18. BURIAL, CREMATION OR REMOVAL Harvey DATE Oct 27 1935

19. UNDERTAKER Engelke Mortuary (ADDRESS) Baldwin, Mo.

20. FILED Oct 26 1935 Sam Simmons Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Oct 20 1935 to Oct 25 1935

I last saw him alive on Oct 24 1935 Death is said to have occurred on the date stated above, at 1²⁰ A. M.

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

Lobar Pneumonia Date of onset Oct 20/35
108

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? Autopsy 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) Sam Simmons M. D.
(Address) Springfield, 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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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