

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

Do not use this space.

604

FEB 18 1936

1. PLACE OF DEATH

County Clark Registration District No. 190
 Township Kahoka Primary Registration District No. 2113
 City Kahoka (No. _____ St. 7 Ward _____)

File No. _____
 Registered No. _____

2. FULL NAME

George Backham
 (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 Divorced
 5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Millev Fenton
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 4, 1856
 7. AGE YEARS 79 MONTHS 11 DAYS 23 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farm Laborer
 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) Kentucky

FATHER
 13. NAME George Backham

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
 15. MAIDEN NAME Eliza Morgan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisiana

17. INFORMANT Mrs Dietl Backham (ADDRESS) La Junta Colorado

18. BURIAL, CREMATION, OR REMOVAL PLACE Kahoka Cem DATE Jan 29, 1936

19. UNDERTAKER Fred J. Hinkle (ADDRESS) Kahoka Mo.

20. FILED Jan 29, 1936 J.P. Bridson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 27, 1936
 22. I HEREBY CERTIFY That I attended deceased from Jan 27, 1936 to Jan 27, 1936
 I last saw him alive on Jan 27, 1936. Death is said to have occurred on the date stated above, at 7:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Acute Thrombosis Date of onset 1/27/36
Other contributory causes of importance:
Other diseases (Infl.)

Name of operation None Date of _____
 What test confirmed diagnosis? Chem 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?
 If so, specify No
 (Signed) M. J. Hobbs, M.D. M. D.
 (Address) Kahoka, 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.

