

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

Do not use this space.

4373

**FEB 17 1936**

**1. PLACE OF DEATH**  
 County Adair Registration District No. 4  
 Township Kingsville Primary Registration District No. 3001  
 City Kingsville (No.         ) St.          (Ward)         

**2. FULL NAME**  
Charles Wray Givens  
 (a) Residence, No. 715 E. Harrison St., Kingsville (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 30 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** wh **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) widowed

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** Petite Martyn Givens

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** 11-10-1873

**7. AGE** YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
62 2 25

**8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.** merchant

**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)** Nov 4 - 1936 **11. Total time (years) spent in this occupation** 35

**12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** St. Sterling Mo

**13. NAME** John Givens

**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Unknown

**15. MAIDEN NAME** Maria Putnam

**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Unknown

**17. INFORMANT** (ADDRESS) Jane Givens Kingsville Mo.

**18. BURIAL, CREMATION, OR REMOVAL**  
 PLACE Columbus, Mo. DATE 2-7-1936

**19. UNDERTAKER** (ADDRESS) Dr. Riley Kingsville Mo.

**20. FILED** Feb 6 1936 Spencer Freeman Registrar.

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** Feb 5 1936

**22. I HEREBY CERTIFY, That I attended deceased from** Feb 4 1936 to Feb 5 1936  
 I last saw him alive on Feb 4 1936. Death is said to have occurred on the date stated above, at 6:30 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Coronary occlusion Date of onset 2/5/36  
94%

**Other contributory causes of importance:**  
General arterio sclerosis 95

Name of operation none Date of           
 What test confirmed diagnosis?          Was there an autopsy?         

**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) E. S. Smith, M. D.  
 (Address) Kingsville 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.

