

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

Do not use this space.

MAR 23 1936

6786

1. PLACE OF DEATH

County *Marion*  
Township *Boone*  
City (No. *Boone*)

Registration District No. *543*  
Primary Registration District No. *5743*

File No. \_\_\_\_\_  
Registered No. *1*  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred *10* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Single</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Single</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE	YEARS <i>87</i>	MONTHS —
	DAYS —	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Farmer</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>—</i>	
	10. Date deceased last worked at this occupation (month and year) _____	
	11. Total time (years) spent in this occupation <i>10</i>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Michigan</i>		
FATHER	13. NAME <i>Family History</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>—</i>	
MOTHER	15. MAIDEN NAME <i>unknown</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>—</i>	
17. INFORMANT <i>Grover B. Barnett</i> (ADDRESS) <i>meta 140</i>		
18. BURIAL, CREMATION, OR REMOVAL <i>Meta S. Side</i> DATE <i>Feb 6</i> 19 <i>36</i>		
19. UNDERTAKER <i>H. H. Strop</i> (ADDRESS) <i>meta</i>		
20. FILED <i>Feb 10</i> 19 <i>36</i> <i>Rosa Lawson</i> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <i>Feb 3</i> 19 <i>36</i>
22. I HEREBY CERTIFY, That I attended deceased from <i>Dec 26</i> 19 <i>35</i> to <i>Feb 3</i> 19 <i>36</i> I last saw him alive on <i>Feb 3</i> 19 <i>36</i> Death is said to have occurred on the date stated above, at <i>6 P</i> m. The principal cause of death and related causes of importance were as follows: <i>Tubercular Pectoris</i> <i>Chronic Myocarditis</i> Other contributory causes of importance: <i>—</i> Name of operation _____ Date of _____ What test confirmed diagnosis? _____ Was there an autopsy? <i>no</i> 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 _____ (Signed) <i>S. E. Barton</i> , M. D. (Address) <i>meta</i>

1. The purpose of this document is to provide a comprehensive overview of the current status of the project and to identify the key areas for improvement.

2. The project has been initiated in accordance with the requirements of the client and the objectives of the organization.

3. The following table provides a summary of the project's progress to date:

Task	Status	Completion Date
Task A	Completed	10/15/2023
Task B	In Progress	11/01/2023
Task C	Not Started	11/15/2023

4. The project team has identified several key areas for improvement, including:

- Improving communication and collaboration between team members.
- Enhancing the project's overall efficiency and effectiveness.
- Ensuring that the project remains on schedule and within budget.

5. The project team is committed to achieving the highest quality results and to providing excellent customer service throughout the project lifecycle.