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.

MAY 7 1936

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

Do not use this space.

17695

1. PLACE OF DEATH

County: St Louis Mo
Township:
City:
Registration District No. 791
Primary Registration District No. 1003
File No.
Registered No. 4478
(No. Mo. Pac. Hospital St. Ward)

2. FULL NAME: Claude Sinsel Proudfoot

(a) Residence, No. St., N R Ward. Council Grove Kan.
(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 (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Hannah E. Proudfoot

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): February 28, 1882

7. AGE: YEARS 54 MONTHS 1 DAYS 26 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Round House foreman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Mo. Pac. R. R.
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): Grafton W. Virginia

FATHER

13. NAME: James W. Proudfoot
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Taylor Drain W. Virginia

MOTHER

15. MAIDEN NAME: Don't know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't know ?

17. INFORMANT (ADDRESS): Mrs. Hanna E. Proudfoot Council Grove, Kansas

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Pueblo, Colorado DATE: April 24, 1936

19. UNDERTAKER (ADDRESS): Geo. L. Pleitsch Inc 5966 Easton Ave

20. FILED: APR 24 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 23rd, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 9th, 1936, to April 23rd, 1936
I last saw him alive on April 23rd, 1936. Death is said to have occurred on the date stated above, at 8:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor Benign (Operation - Cranistomy)	54d

Other contributory causes of importance:
Chr. Cholecystitis (autopsy)
Chr. Cholelithiasis (")

Name of operation: Cranistomy Date of 4/21/36
What test confirmed diagnosis? Ventriculograms Was there an autopsy? Yes

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) Robert L. Drury, M. D.
(Address) 1755 So. Grand Mo Pac Hosp. Assn.