

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

Do not use this space.

MAY 27 1936

18157

1. PLACE OF DEATH

County Schuyler
Township _____
City Lancaster (No. _____)

Registration District No. 805
Primary Registration District No. 4484

File No. 72
Registered No. _____
St. _____ Ward _____

2. FULL NAME Henry Clay George

(a) Residence, No. _____ 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 1st 1874

7. AGE YEARS 62 MONTHS 3 DAYS 24 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Schuyler Co. Mo.

MOTHER 13. NAME Abraham George

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lancaster Ohio

15. MAIDEN NAME Isophene Wyatt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Schuyler Co. Mo.

17. INFORMANT Fred George (ADDRESS) Lancaster, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE L.O.C. Cemetery DATE Apr. 28, 1936

19. UNDERTAKER John A. Roberts (ADDRESS) Lancaster, Mo.

20. FILED May 5 1936 Byrnie Drake Registrar.

MEDICAL CERTIFICATE OF DEATH

was found dead
21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 27 1936

22. I HEREBY CERTIFY, That I attended deceased from HE WAS 1936 to 1936 alive on April 25, 1936 Death is thought to have occurred on the date stated above, at about 9 m.

The principal cause of death and related causes of importance were as follows:
Natural Cause, Probably Apoplexy or Cerebral Hemorrhage (result of Coronary Artery)

Other contributory causes of importance:
was found dead. 4/27/36 was thought to have been dead. 36 hours.

Name of operation _____ 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 ~~the~~ occur? at his Residence (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) (Coroner) W. Drake, M. D.
(Address) Lancaster

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.

