

JUN 22 1936

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

Do not use this space.

20012

1. PLACE OF DEATH

County Macon
Township 9 1/2 mile
City Amabel, Mo (No. _____ St. _____ Ward)

Registration District No. 1072
Primary Registration District No. 5716

File No. _____
Registered No. 59

2. FULL NAME Thomas Wayne Palmer

(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 Male 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 Nancy Palmer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 20, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 9 14

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

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) Clarence, Mo R.R. Woodlawn

13. NAME George F. Palmer

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

15. MAIDEN NAME Nancy Goddard

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Point

17. INFORMANT Dr. Nancy Palmer (ADDRESS) Amabel, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Maplewood DATE May 15, 1936

19. UNDERTAKER Millions Bookkeeper (ADDRESS) Clarence, Mo

20. FILED 5/18 1936 Geo. W. Henderson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 1930 to May 14 1936
I last saw him alive on May 11 1936 Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset 1929

Other contributory causes of importance: None

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? None Date of injury _____, 1936

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 None
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) D. L. Harlan, M. D.
(Address) Clarence, Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

