

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.

JUL 25 1936

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

Do not use this space.

20175

1. PLACE OF DEATH

County NewtonRegistration District No. 609Township NeoshoPrimary Registration District No. 4363City Neosho(No. Sage Hospital)

File No.

Registered No. 75

St. Ward)

2. FULL NAME Jesse Holland Centers(a) Residence, No. 209 S. Lafayette St., Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 65 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) Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Gloria M. Centers6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 12, 18567. AGE YEARS 80 MONTHS 4 DAYS 8 IF LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. City collector9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Neosho, Mo.

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) Near Clinton Missouri13. NAME Jesse Holland Centers Sr.14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Kentucky15. MAIDEN NAME Sarah16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown17. INFORMANT Lesh body (ADDRESS) Neosho Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Neosho 2009 Cem. DATE May 22 193619. UNDERTAKER Chas. Thompson (ADDRESS) Neosho Mo.20. FILED 6-10 1936 onea Sage, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 20 193622. I HEREBY CERTIFY, That I attended deceased from April 12 1936, to May 20 1936I last saw him alive on May 20 1936. Death is saidto have occurred on the date stated above, at 8:50 P.M.

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

Cerebral Hemorrhage

Date of onset

April 15

Other contributory causes of importance:

Hypertension
Chronic Interstitial NephritisName of operation none Date ofWhat test confirmed diagnosis? Clinical Was there an autopsy? no

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) J. M. Bourman, M. D.(Address) Neosho, Mo.

