

JUL 22 1936

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 398
Township Blue Primary Registration District No. 5554
City Stamworth (No. 811 Lake Drive)

File No. 22749
Registered No. 212
St. _____ Ward _____

2. FULL NAME

Charles R. Pasmore

(a) Residence, No. 3232 Connolly St. Ward _____

(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 Cora J

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9-1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 74 11 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gardner
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) Ontario Canada

13. NAME James Pasmore

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Maryland

15. MAIDEN NAME Matilda Wilson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Canada

17. INFORMANT Ray Pasmore (ADDRESS) 811 Lake Drive

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty Mo DATE 6-7-36

19. UNDERTAKER Rose Henderson (ADDRESS) 4139 E. 15th St. St. Louis

20. FILED 6-10-36 F. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June - 11 - 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-1-1935 to 6-4-1936
I last saw him alive on 6-3-1936 Death is said to have occurred on the date stated above, at 8:45 m.

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

chronic Myo Carditis Date of onset 4/1/36

Other contributory causes of importance:

Chronic interstitial nephritis

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 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) D. R. Russell, M. D.
(Address) 3231 E. 11 St.

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.

100343-2-287-5

Dr. Russell,
will be in.

JAN 26 1948