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

SEP 16 1936

Do not use this space.

29818

1. PLACE OF DEATH

County Barry

Township McDonald

Registration District No. 31

Primary Registration District No. 5045-A

City

(No. .... St. .... Ward)

File No. ....

Registered No. 34

2. FULL NAME Horace G. Terry

(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 White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 29, 1880

7. AGE YEARS 56 MONTHS 00 DAYS 0

If LESS than 1 day, ...hrs. or ....min.

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

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) Mo.

13. NAME Millard Terry

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

15. MAIDEN NAME Sarah Morlan

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

17. INFORMANT (ADDRESS) Fred Terry, Verona R.A.

18. BURIAL, CREMATION, OR REMOVAL PLACE Amhart DATE Aug. 31, 1936

19. UNDERTAKER (ADDRESS) Blankenship, Purdy, Mo.

20. FILED Sep 10, 1936 Mattie Blankenship, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr. 4th, 1936, to Aug. 28th, 1936.

I last saw him alive on Aug. 25th, 1936. Death is said to have occurred on the date stated above, at 3.30 p.m.

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

Rheumatism

5b

Date of onset March 1936

Other contributory causes of importance:

Multiple Neuritis

Name of operation .... Date of ....

What test confirmed diagnosis? Blood test 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) B. R. Shell, M.D.

(Address) Purdy, Mo.