

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.

DEC 18 1936

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

Do not use this space.

29863-2
3

1. PLACE OF DEATH

County Bell County, Mo. Registration District No. 70
Township Millfork Primary Registration District No. 4109
City Millfork St. _____ Ward _____

File No. _____
Registered No. 8

2. FULL NAME

Joseph Marion Propst
(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 M 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 Sarah Jane Moore Propst

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 4 - 1851

7. AGE YEARS 85 MONTHS 3 DAYS 14 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 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) Millersville (STATE OR COUNTRY) _____

MOTHER 13. NAME Solomon Propst

14. BIRTHPLACE (CITY OR TOWN) North Carolina (STATE OR COUNTRY) _____

15. MAIDEN NAME Miller

16. BIRTHPLACE (CITY OR TOWN) Millersville, Mo. (STATE OR COUNTRY) _____

17. INFORMANT J. P. Propst (ADDRESS) Bellevue, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Final Cemetery, Dec 17, 1936

19. UNDERTAKER Mrs. Combs Ferguson (ADDRESS) Jackson

20. FILED Edgar C. Crites, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 16 - 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 10th, 1936, to Aug 14, 1936
I last saw him alive on Aug 14, 1936. Death is said to have occurred on the date stated above, at 11.0 a.m.

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

Arteriosclerosis
colitis
Date of onset _____

Other contributory causes of importance _____

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) R. D. Boyd, M. D.
(Address) 2021 Bridge Rd

