

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

Do not use this space.

SEP 21 1936

30239

## 1. PLACE OF DEATH

County CedarRegistration District No. 163

File No. ....

Township .....

Primary Registration District No. 40951Registered No. 451City Eldorado Springs (No. ....) St. .... Ward)2. FULL NAME Oscar Painter

(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) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary E Painter6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 10 18507. AGE YEARS 77 MONTHS 5 DAYS 19 If LESS than 1 day, ..... hrs. or ..... min.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) Missouri13. NAME Samuel Painter14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vir15. MAIDEN NAME America Nesbit16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.17. INFORMANT Mrs Mary E Painter (ADDRESS) Eldorado Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Cedar Grove DATE 8/31 1936  
Cemetery, Monroe, Co. Mo.19. UNDERTAKER Edw. Siders (ADDRESS) Eldorado Springs, Mo.20. FILED 8729 1936 J. W. Dawson Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/29 193622. I HEREBY CERTIFY, That I attended deceased from Aug 23 1936 to Aug 29 1936I last saw him alive on Aug 27 1936. Death is said to have occurred on the date stated above, at 2 a m.

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

Chronic myoscleritis

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) C. K. Sanderworth, M.D.(Address) El Dorado Springs, Mo.

