

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.

1. PLACE OF DEATH

County Henry
Township Howard
City None

Registration District No. 309
Primary Registration District No. 5434

40926

File No. _____
Registered No. 79 St. _____ Ward _____

2. FULL NAME

John B. Inead

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. _____ (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 21" 1862</u>		
7. AGE <u>74</u>	YEARS <u>8</u>	MONTHS <u>29</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		
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) <u>Henry County, Mo.</u>		
13. NAME <u>J. B. Inead</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lumpkin, Ga.</u>		
15. MAIDEN NAME <u>Bethiah Bolton</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lumpkin, Ga.</u>		
17. INFORMANT <u>Martha J. Williams</u> (ADDRESS) <u>Albany, Mo., R. 4</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Stone Hill</u> DATE <u>Nov. 21" 1936</u>		
19. UNDERTAKER <u>Brown Bros.</u> (ADDRESS) <u>Sumner, Mo.</u>		
20. FILED <u>Nov 23, 1936</u> <u>W. T. Martin</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1936 to Nov 20, 1936.
I last saw him alive on Nov 20, 1936. Death is said to have occurred on the date stated above, at 1 P. M.
The principal cause of death and related causes of importance were as follows:
Carcinoma of Prostate

Other contributory causes of importance:
None

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? No
If so, specify _____
(Signed) C. P. Porter, M. D.
(Address) Newtontown, Mo.

