

FEB 29 1937

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

Do not use this space.

1. PLACE OF DEATH

91/2 County Putnam  
Township Lincoln  
City (No) \_\_\_\_\_

Registration District No. 721  
Primary Registration District No. 5952

File No. 2666  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Edward Stroud Probasco

(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)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF -- (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-23-1852		
7. AGE YEARS 84	MONTHS 7	DAYS 13
		IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Turner
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1
	10. Date deceased last worked at this occupation (month and year)
	11. Total time (years) spent in this occupation all life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Madison Co. Missouri

MOTHER FATHER  
13. NAME John Probasco

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
New York

15. MAIDEN NAME Nancy Virginia Butts

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

17. INFORMANT (ADDRESS)  
E. P. Probasco  
Unionville, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Unionville Mo. DATE Jan 8 1937

19. UNDERTAKER (ADDRESS)  
F. O. Hirsteak & Son  
Unionville, Mo.

20. FILED Jan 15 1937 E. W. Dilliner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-6-1937

22. I HEREBY CERTIFY, That I attended deceased from 12-30-1936 to 1-6-1937  
I last saw him alive on 12-30-1936 Death is said to have occurred on the date stated above, at 7:05 a.m.

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

Gastric carcinoma  
Date of onset

Other contributory causes of importance  
No

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Allen, 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) P. Hart M. D.  
(Address) Coatsville Mo

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

