

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

Do not use this space.

MAR 18 1937

1. PLACE OF DEATH

27 County Chautauq
Township Liberty
City Liberty (No. _____)

Registration District No. 233
Primary Registration District No. 5318

File No. 5639
Registered No. 296
St. _____ Ward _____

2. FULL NAME

Essex Franklin Puckett

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 10, 1884
7. AGE YEARS 52 MONTHS 10 DAYS 3 If LESS than 1 day, _____ hrs. or _____ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 13 1937
22. I HEREBY CERTIFY, That I attended deceased from Feb 1st 1937, to Feb 13 1937
I last saw him alive on Feb 1st 1937 Death is said to have occurred on the date stated above, at 8.03 A.M.
The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) 4 11. Total time (years) spent in this occupation _____

Cancer of the throat Date of onset _____
Other contributory causes of importance: HO

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leasburg Mo.
13. NAME Frank Puckett
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

Name of operation none Date of _____
What test confirmed diagnosis clinical Was there an autopsy? no

MOTHER 15. MAIDEN NAME Millie Reeves
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
17. INFORMANT Wid Puckett (ADDRESS) Leasburg Mo.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cross Roads Cem. DATE Feb. 14 1937
19. UNDERTAKER (ADDRESS) none
20. FILED Feb 14 1937 H. F. Irwin Mo. Registrar.

Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) H. F. Irwin, M. D.
(Address) Leasburg 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.

