

MAR 20 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 398
Township Independence Primary Registration District No. 3019
City Independence (No. _____) St. _____ Ward _____

File No. 6152
Registered No. 56

2. FULL NAME

William Lewis Collins Palmer
(a) Residence, No. 406 N. Pleasant 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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ardelia Palmer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep 13 - 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
82 80 5 —

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Supt of Schools
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) 1922 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Thomson
(STATE OR COUNTRY) Georgia

MOTHER FATHER 13. NAME Jonathan F Palmer

14. BIRTHPLACE (CITY OR TOWN) unknown
(STATE OR COUNTRY)

15. MAIDEN NAME Elizabeth m^e Nair

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

17. INFORMANT Mrs Ardelia Palmer
(ADDRESS) 406 N Pleasant

18. BURIAL, CREMATION, OR REMOVAL
PLACE Woodlawn DATE Feb 15 1937

19. UNDERTAKER Otto Mitchell
(ADDRESS) Independence Mo

20. FILED 2-16-37 19 37 F. L. Cook
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-12-1937

22. I HEREBY CERTIFY, That I attended deceased from May 29 1935 to Feb 12 1937

I last saw him alive on Feb 11 1937 19 37 Death is said to have occurred on the date stated above, at 11:30 a.m.

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

Acute Dilation Heart Date of onset 3/1/37

Cerebral Embolism 7/5/37

Coronary occlusion 5/29/36

Pulmonary Embolism 1/31/37

Other contributory causes of importance: OH

None

Name of operation _____ Date of _____

What test confirmed diagnosis? clinical Was there an autopsy? No

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) Robert T. ... M. D.

(Address) Independence 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.

APR 21 1947