MAR 22 1937

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

Do not use this space.

File No. 6964

Registered No.

1. PLACE OF DEATH
County: Lafayette
Township: Dover
City: Confederate Home (No. ..., ..., St. ..., Ward)

Registration District No. 460
Primary Registration District No. 5623

2. FULL NAME: George Butler MacLeod

(a) Residence, No. ..., St., ..., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 4th 1848

7. AGE: YEARS 89 | MONTHS 7 | DAYS 17 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Inmate Con. Home
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): Versailles, Mo.

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT: Roy E. Stone Supt.
(ADDRESS) Higginsville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE 2/22/37 DATE 2/22/37, 19

19. UNDERTAKER: A. H. Hader
(ADDRESS) Higginsville, Mo.

20. FILED 2/27, 1937 Tiffany Webb, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1936, to Feb 20, 1937
I last saw him alive on Feb 20, 1937. Death is said to have occurred on the date stated above, at 4:30 m.
The principal cause of death and related causes of importance were as follows:

Coronary Occlusion — Date of onset Feb 21-37

Other contributory causes of importance:
Bronchopneumonia — Feb 16-37

Name of operation: None — Date of
What test confirmed diagnosis? Sudden Cardiac death — 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) Ernest M. Moore Jr., M. D.
(Address) Higginsville, Mo.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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