

MAR 24 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County PutnamRegistration District No. 718File No. 7731Township UnionPrimary Registration District No. 5947Registered No. 7

City No. \_\_\_\_\_ St. \_\_\_\_\_ Ward)

## 2. FULL NAME

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Valdelia Supton6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 18-1885

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<u>80</u>	<u>11</u>	<u>10</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm10. Date deceased last worked at this occupation (month and year) Nov 193711. Total time (years) spent in this occupation all12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Putnam Mo.13. NAME Ada Supton14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leont, France15. MAIDEN NAME Eveline Harquart16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leont, France17. INFORMANT (ADDRESS) Hugh Supton Mo. Waverhill18. BURIAL, CREMATION, OR REMOVAL PLACE Waverhill DATE Mar 2 3719. UNDERTAKER (ADDRESS) Constatk Inc Co Unionville Mo20. FILED March 2 1937 H. W. Gillman Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 28 193722. I HEREBY CERTIFY, That I attended deceased from Feb. 9, 1937, to Feb 28, 1937. I last saw him alive on Feb 26, 1937. Death is said to have occurred on the date stated above, at 7:40 A.M.

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

Cancer of liver

Ho

Other contributory causes of importance:

Coro. Vascular disease

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis Physian Was there an autopsy? no23. 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) H. W. Gillman, M. D.  
(Address) Waverhill, 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.

