

MAY 18 1937

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

Do not use this space.

1. PLACE OF DEATH

County Chariton
Township Cunningham
City

Registration District No. 176
Primary Registration District No. 5244

File No. 16031
Registered No. 3
St. Ward

2. FULL NAME

George Henry Bemrose

(a) Residence, No. St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred 50 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

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan - 15 - 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 2 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) Engl. to see

13. NAME Goodbarne Bemrose

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

15. MAIDEN NAME Marie Munn

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

17. INFORMANT Mrs Alice Bemrose
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Backside DATE April 6, 1937

19. UNDERTAKER Hill Funeral Chapel
(ADDRESS) Brookfield, Mo

20. FILED 415-1937 W. H. Lewis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 29, 1937 to Apr 3, 1937

I last saw him alive on Apr 3, 1937. Death is said

to have occurred on the date stated above, at 10 a.m.

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

At Left Lobar Pneumonia Date of onset Mar 29, 1937

Other contributory causes of importance: 100

Name of operation None 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) J. Lane Lewis M. D.

(Address) Brookfield, 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.

