

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

Do not use this space.

**MAY 31 1937**

**1. PLACE OF DEATH**

114 County Wright  
Township Wide Home  
City St. James (No. \_\_\_\_\_)

Registration District No. 908  
Primary Registration District No. 6222

File No. 17927  
Registered No. 18  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

George Washington Painter

(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**

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 Sily May Painter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-6-1856

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>80</u>	<u>7</u>	<u>29</u>		

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) Wright Co. (STATE OR COUNTRY) Missouri

13. NAME Don't know

14. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) \_\_\_\_\_

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT (ADDRESS) Sily May Painter

18. BURIAL, CREMATION, OR REMOVAL PLACE Catharine Ave DATE 4-7-37

19. UNDERTAKER (ADDRESS) Bernice Montgomery

20. FILED 4-30-1937 Bernice Montgomery Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-5-1937

22. I HEREBY CERTIFY, That I attended deceased from 4/4, 1937, to 4/5, 1937

I last saw him alive on 4/5, 1937. Death is said to have occurred on the date stated above, at 7:15 p.m.

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

Flu Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ 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 \_\_\_\_\_, 1937

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

Maaner of injury \_\_\_\_\_ Nature of injury \_\_\_\_\_

If so, specify \_\_\_\_\_ (Signed) R. A. Ryan, M. D.

(Address) Missouri

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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