

OCT 15 1937

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

Do not use this space.

1. PLACE OF DEATH

 County Benton
 Township Cole
 City Warsaw

 Registration District No. 59
 Primary Registration District No. 5099

 File No. 33603
 Registered No. 23
 St. _____ Ward _____
2. FULL NAME JAMES ELZIE TEMPLETON

(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

MEDICAL CERTIFICATE OF DEATH

 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 Clara M. (Reeder) Templeton
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-22-1865
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
72 2 12

 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) Sept 1935 11. Total time (years) spent in this occupation lifetime
21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 4 1937
 22. I HEREBY CERTIFY, That I attended deceased from Spring 1936, to September 4 1937
I last saw him alive on Sept 4 1937 Death is saidto have occurred on the date stated above, at 12.30x A. M.

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

Cardio vasculos
Renal disease being the
immediate cause.

Date of case

Other contributory causes of importance:

Dementia

OCCUPATION

FATHER

MOTHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Benton County, Mo.13. NAME Isaac Templeton14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Benton County, Mo.15. MAIDEN NAME Virginia Paris16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wright County, Mo.17. INFORMANT C. E. Templeton, Warsaw, Mo. (ADDRESS)18. BURIAL, CREMATION, OR REMOVAL PLACE Feaster Cemetery DATE Sept 5th 193719. UNDERTAKER E. M. White Warsaw, Mo. (ADDRESS)20. FILED Sept 4 1937 Sue Selover Registrar
 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 _____ 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?
 If so, specify _____

 (Signed) M. L. Reed Sando, M. D.
 (Address) Warsaw, Missouri

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

The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry should be supported by a valid receipt or invoice. This ensures transparency and allows for easy verification of the data.

In the second section, the author outlines the various methods used to collect and analyze the data. This includes both manual and automated processes. The goal is to ensure that the information is both reliable and up-to-date.

The third section provides a detailed breakdown of the results. It shows that there has been a significant increase in sales over the period covered. This is attributed to several factors, including improved marketing strategies and better customer service.

Finally, the document concludes with a series of recommendations for future actions. It suggests that the company should continue to invest in research and development to stay ahead of the competition. Additionally, it recommends regular audits to ensure ongoing compliance with all relevant regulations.