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

8

OCT 15 1937

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

Do not use this space.

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1. PLACE OF DEATH
County: Benton
Township: Cole
City: Warsaw (No. ..., ... St. ... Ward)

Registration District No. 59
Primary Registration District No. 5099

File No. 33603
Registered No. 23

2. FULL NAME: JAMES ELZIE TEMPLETON

(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 — 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, ... hrs. or ... min.
72	2	12	

OCCUPATION
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Benton County, Mo.

FATHER
13. NAME: Isaac Templeton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Benton County, Mo.

MOTHER
15. MAIDEN NAME: Virginia Paris
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wright County, Mo.

17. INFORMANT (ADDRESS): C. E. Templeton, Warsaw, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Feaster Cemetery DATE: Sept 5th, 1937

19. UNDERTAKER (ADDRESS): E. M. White Warsaw, Mo.

20. FILED: Sept 4, 1937 Sue Selover, Registrar.

MEDICAL CERTIFICATE OF DEATH

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 h. 1m alive on Sept 4, 1937. Death is said to 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:

	Date of onset
Cardio vasculos	
Renal disease being the	
immediate cause.	

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Other contributory causes of importance:
Dementia

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