

NOV 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County Boone  
Township Columbia  
City Columbia (No. ....)

Registration District No. 73-1  
Primary Registration District No. 3006

File No. 37078  
Registered No. 230  
St. .... Ward)

2. FULL NAME

William Perry Palmer  
(a) Residence, No. 714 Lyons 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

MEDICAL CERTIFICATE OF DEATH

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

Male White Married

5A. IF MARRIED, WIDOWED, OR DIVORCED (write name of HUSBAND OF (or) WIFE OF)

Ellen C. Palmer

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

March 6 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
86 7 5

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stock & Farmer

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) Boone Co., Mo.

13. NAME Rolla Palmer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lexington, Ky

15. MAIDEN NAME Margaret Mc Gowan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know

17. INFORMANT (ADDRESS) P. L. Palmer

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Oct 13 1937

19. UNDERTAKER (ADDRESS) P. Ollivier

20. FILED 10/12/37 Ollivier Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 11 1937

22. I HEREBY CERTIFY, that I attended deceased from Oct 5 1937 to Oct 11 1937  
I last saw him alive on Oct 7 1937. Death is said to have occurred on the date stated above, at 11:45 P.M.

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

Chronic myocarditis

Other contributory causes of importance: Senility

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) Robert D. Simpson, M. D.  
(Address) Columbia, Mo.

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

8330

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2  
3

2  
73-1

