

NOV 16 1937

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

Do not use this space.

1. PLACE OF DEATH

County Caldwell
Township
City Hamilton (No.)

Registration District No. 96
Primary Registration District No. 4058

File No. 37281
Registered No. 83
St. Ward

2. FULL NAME

James Mc Neely Puckett

(a) Residence No. St. Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 18 yrs. 0 mos. 0 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Hannah Puckett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 22 - 1915

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
22 82 90 28

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

MOTHER FATHER 13. NAME Constant Puckett

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

15. MAIDEN NAME Elizabeth Edwards

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT J. A. Puckett (ADDRESS) Kingston, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Cox Cemetery DATE Oct 24 1937

19. UNDERTAKER Pember & Clark (ADDRESS) Kingston Mo.

20. FILED At 24 1937 Merle Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 20 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 19 1937, to Oct 20 1937

I last saw him alive on Oct 20 1937 Death is said

to have occurred on the date stated above, at 9:15 a.m.

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

Lobar Pneumonia Date of onset Oct 19 1937

Other contributory causes of importance: Generalized Arteriosclerosis

Name of operation none Date of

What test confirmed diagnosis? Phys. Exam. 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

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? Yes

If so, specify

(Signed) Herbert R. Booth M. D.

(Address) Hamilton Mo.

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

13
4
2

2

2

36
21

