NOV 22 1937

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

Do not use this space.

1. PLACE OF DEATH
County Platte
Township Carroll
City ~~Platte City~~ (No. ..... , ... St. ..... Ward)

Registration District No. 696
Primary Registration District No. 5924

File No. 38521
Registered No. 25

2. FULL NAME Tallaferrieo Jenkins George

(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 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ray Wills

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 31, 1882

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
55	2	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Service station
10. Date deceased last worked at this occupation (month and year) April 1937
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Platte Co. Mo.

FATHER
13. NAME Douglas George
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Culpepper Co. Va.

MOTHER
15. MAIDEN NAME Lura Brightwell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Platte Co. Mo.

17. INFORMANT (ADDRESS) Mrs. T. J. George Platte City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Platte City, Mo. DATE Oct. 26 1937

19. UNDERTAKER (ADDRESS) L. F. Rollins Platte City, Mo.

20. FILED 11/8 1937 Mrs Frances E Murray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1937, to Oct 25, 1937
I last saw he alive on Oct 25, 1937. Death is said to have occurred on the date stated above, at 12-10 am
The principal cause of death and related causes of importance were as follows:

	Date of onset
hypernephroma of left kidney	

Other contributory causes of importance:

None

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? No
If so, specify .....
(Signed) [signature], M. D.
(Address) Smithville, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.