

NOV 23 1937

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

Do not use this space.

1. PLACE OF DEATH

County Palls
Township Spencer
City New London (No. _____)

Registration District No. 726
Primary Registration District No. 5999

File No. 38564
Registered No. _____
St. _____ Ward _____

2. FULL NAME Howard T Palliser

(a) Residence, No. New London - RFD #3 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ada Palliser

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 20 - 1888

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
49 5 28

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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Douglas County Missouri

13. NAME R. D. Palliser

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York State

15. MAIDEN NAME Sarah Hendrix

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Mrs. Joe Strode New London Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Olive Cemetery DATE Oct. 20, 1937

19. UNDERTAKER (ADDRESS) O'Donnell Funeral Home New London

20. FILED Oct 21 1937 Blanche Ingram Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 18 - 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 17, 1937, to Oct 18, 1937

I last saw him alive on Oct 17, 1937. Death is said to have occurred on the date stated above, at 5:45 Am.

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

Cancer of Stomach

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? Saprotomy 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 _____, 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) W J Waters M. D.
(Address) New London Mo

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

