

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

Do not use this space.

JAN 15 1938

1. PLACE OF DEATH

County Boone

Registration District No. 73

Township 3

Primary Registration District No. 3906

City Columbic

No. 603 N. 8th St.

File No. 44690

Registered No. 279

St. _____ Ward _____

2. FULL NAME Charles E. Proctor

(a) Residence, No. 603 N. 8th St., _____ Ward _____

(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 Mary E. Proctor

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-16-1863

7. AGE YEARS 74 MONTHS 3 DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as splainer, sawyer, bookkeeper, etc. Retired 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) Boone County Missouri

MOTHER 13. NAME M. E. Proctor

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

15. MAIDEN NAME Julia Ballenger

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mont Know

17. INFORMANT L. J. Proctor (ADDRESS) Columbic, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE 12-26-1937

19. UNDERTAKER Parker Furniture Co. (ADDRESS) Columbic Mo.

20. FILED 12/27/37 1937 Allie Selby Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-23-1937

22. I HEREBY CERTIFY, That I attended deceased from 12-22-1937 to 12-23-1937

I last saw him alive on 12-22-1937 Death is said to have occurred on the date stated above, at 8 P.M.

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

Coronary Thrombosis Date of onset _____
do not know

Other contributory causes of importance:

Myocarditis do not know

Name of operation None Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury _____, 19____

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) W. P. Dyant, M. D.

(Address) Columbic, 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.

