

JAN 15 1938

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

Do not use this space.

1. PLACE OF DEATH

County Bonnie
Township Rockyfork
City Hallsville (No.) St. Ward)

Registration District No. 74
Primary Registration District No. 5113

File No. 44702
Registered No.

2. FULL NAME

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 30 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 4 - 1869

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
68 9 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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) Prigg Bonnie Co., Mo.

FATHER 13. NAME Jacob Palm

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

MOTHER 15. MAIDEN NAME Precinda Albaugh

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

17. INFORMANT (ADDRESS) Henry Palm Hallsville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Red Top Cemetery DATE 12-29 1937

19. UNDERTAKER (ADDRESS) H. J. Spack Hallsville, Mo.

20. FILED 12-27-37 Mo. J-L. Lauer Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 28 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 1937, to Dec. 78 1937. I last saw him alive on Dec. 18th 1937. Death is said to have occurred on the date stated above, at 2:00 p.m. The principal cause of death and related causes of importance were as follows:

Chr. Myd corditis
Hypostatic pneumonia
Other contributory causes of importance: Senility

Name of operation _____ Date of _____
What test confirmed diagnosis? Phys Exam 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? _____
If so, specify _____
(Signed) [Signature] M. D.
(Address) Centerville 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.

