

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

Do not use this space.

1. PLACE OF DEATH
 75 County Oregon Registration District No. 632 File No. 3615
 Township Thayer Primary Registration District No. 5834 Registered No. 1
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Chas Edward Palmer 456
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-19-1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 4 16

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

MOTHER FATHER
 13. NAME Lois Palmer
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oregon Co. Mo.
 15. MAIDEN NAME Memie Johnson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oregon Co. Mo.

17. INFORMANT Harry Johnson Thayer, Mo.
 (ADDRESS)
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Clifton DATE 1/7 38
 19. UNDERTAKER Geo. C. Thayer Mo.
 (ADDRESS)
 20. FILED Jan 5 1938 George Johnson
 Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-5-1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 4 1938 to Jan. 5 1938
 I last saw him alive on Jan. 4 1938. Death is said to have occurred on the date stated above, at 12:15 a.m.
 The principal cause of death and related causes of importance were as follows:
Peritonitis, abscess Date of onset Dec 24, 37

Other contributory causes of importance: 1150

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? _____
 If so, specify _____
 (Signed) F. A. Barron, M. D.
Thayer Mo.
 Barron -

Exact statement of OCCUPATION is very important.

RECEIVED

FEB 28 1938

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MO. STATE BOARD OF HEALTH