

REC'D MAY 10 1938

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

13993

Do not use this space.

1. PLACE OF DEATH *Boone* 73
 10(a) County..... Registration District No.....
 3 (b) Township..... Primary Registration District No. *3006*
 (c) City *Columbia* (d) Street No..... Registered No. *92*
 4 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME *Russell Perry Palmer, 456*
 (a) Residence, No. *114 Jay* St. (Usual place of abode, if no street address, write county or city) (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) *married*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Maggie Palmer*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May, 1-1866*
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 11 22
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Day Laborer*
 9. Industry or business in which work was done, as 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) *Missouri*
 FATHER 13. NAME *Wade Palmer*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Kentucky*
 MOTHER 15. MAIDEN NAME *Susan Stone*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Kentucky*
 17. INFORMANT (ADDRESS) *Maggie Palmer, Columbia, Mo.*
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Oakland* DATE *4-25-38*
 19. FUNERAL DIRECTOR (ADDRESS) *W. H. Vandeventer, Columbia Mo.*
 20. FILED *4/25/38* *Allie Selby* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *4-23-1938*
 22. I HEREBY CERTIFY, That I attended deceased from *2-10-1937* to *4-23-1938*.
 I last saw him alive on *4-23-1938*. Death is said to have occurred on the date stated above, at *8:30 P. M.*
 The principal cause of death and related causes of importance were as follows:
Myocarditis chronic
 Date of onset *2-10-37*
 Other contributory causes of importance:
High B. P.
 Name of operation *None* Date of *no*
 What test confirmed diagnosis? *Steth* 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? *Home*
 (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. H. Vandeventer*, M. D.
74 (Address) *Columbia, Mo.*

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

STATEMENT BY LICENSED EMBALMER

I, W. H. Vander Venter, Licensed Embalmer No. 2494

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed W. H. Vander Venter

Licensed Embalmer No. 2494

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)