

REC'D MAY 18 1938

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

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Do not use this space.

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1. PLACE OF DEATH

County

Douglas

Registration District No.

957

File No.

Township

Patterson

Primary Registration District No.

5392

Registered No.

7

City

W2 Ave, Mo

(No.

St.

Ward)

2. FULL NAME

Barbara Jean Proctor

625

(a) Residence, No.

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

3. SEX

Female

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)

Nov. 4, 1936

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

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OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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)

John J. Proctor
P. O. Ave Mo

13. NAME

Chas. J. Proctor

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

Champion J.S.
Mo

15. MAIDEN NAME

Netie State

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

Mansfield Mo

17. INFORMANT (ADDRESS)

John J. Proctor

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bushywood DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED

Apr. 1, 1938

Jaye Thornton

Registrar

MEDICAL CERTIFICATE OF DEATH

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

Dec. 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from

Dec 17, 1937, to Dec 20, 1937

I last saw him alive on Dec. 17, 1937. Death is said

to have occurred on the date stated above, at 10 a. m.

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

Meningitis secondary

Date of onset
12-17-37

Other contributory causes of importance:

penetrating injury to back Dec 13 of head received by falling 13 on sharp object, accident. 1937

Name of operation

Date of

What test confirmed diagnosis? Urinal Was 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)

R. M. Norman, M. D.

(Address)

Ava 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.

Dr. Rm. Navy

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FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

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Do not use this space.

1. PLACE OF DEATH

(a) County Douglas Registration District No. 957
(b) Township Jackson Primary Registration District No. 5392 Registered No.
(c) City (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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 Barbara Jean Proctor

(a) Residence, No. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLAC Brushy Knob DATE Dec. 21 1938

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED Apr. 1 1938 Jaye Sharpton Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 20 1937

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at... m.

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

Date of onset

Other contributory causes of importance:

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) R. M. Jarman, M. D.

(Address) and

SUPPLEMENTARY

REC. PAPER SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
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.

