

REC'D JUL 15 1938

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

Do not use this space.

21567

1. PLACE OF DEATH

County Cass Registration District No. 162
Township _____ Primary Registration District No. 5227
City Peculiar (No. 4564) St. _____ Ward _____

2. FULL NAME Alfred Urton

(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 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/3 1938

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

22. I HEREBY CERTIFY, That I attended deceased from October 1, 1937, to June 3, 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 7 - 1850

I last saw him alive on June 3, 1938 Death is said to have occurred on the date stated above, at 10:40 P. M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
88 3 26

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

Cor. Myocarditis Date of onset _____

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

Other contributory causes of importance: Senility

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Va.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

13. NAME Wm Urton

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

15. MAIDEN NAME Martha Moorhead

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

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.

17. INFORMANT Mrs Belle Frost

18. BURIAL, CREMATION, OR REMOVAL PLACE Peculiar Cemetery DATE June 5 1938

Manner of injury _____
Nature of injury _____

19. UNDERTAKER (ADDRESS) Harriett M. Robinson

20. FILED 6/5 1938 Walter Robinson Registrar.

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____ (Signed) Walter T. Robinson, M. D. Peculiar, 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.

19
9
0

