

REC'D AUG 9 1938

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

Do not use this space.

24702

1. PLACE OF DEATH

 County Boone
 Township Bowbar
 City Sturgeon (No. _____)

 Registration District No. 79
 Primary Registration District No. 4047

 File No. _____
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

 (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

3. SEX <u>M.</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Cora Laxton</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 29, 1900</u>		
7. AGE	YEARS <u>78</u>	MONTHS <u>8</u>
	DAYS <u>7</u>	IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Merchant</u>	11. Total time (years) spent in this occupation <u>0</u>
	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)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Mo.13. NAME
don't know14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Mo.15. MAIDEN NAME
don't know16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Mo.17. INFORMANT Mrs. Ray Struter (ADDRESS) Sturgeon, Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE Union DATE Aug 7, 193819. UNDERTAKER Barnes & Booth (ADDRESS) Sturgeon, Mo.20. FILE Aug 8, 1938 M. S. Delman Registrar.

MEDICAL CERTIFICATE OF DEATH

 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 5, 1938
 22. I HEREBY CERTIFY, That I attended deceased from Aug 2, 1938, to Aug 5, 1938.
 I last saw him alive on Aug 5, 1938. Death is said to have occurred on the date stated above, at noon m.
 The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis Date of onset 1936

 Other contributory causes of importance: Pneumonia

 Name of operation _____ Date of _____
 What test confirmed diagnosis? Stethoscope 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) A. R. McEwen, M. D.
Sturgeon, Mo. (Address)

N. E.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

24702
Do not use this space.

1. PLACE OF DEATH

(a) County Buonville Registration District No. 79
 (b) Township _____ Primary Registration District No. 4047 Registered No. _____
 (c) City Sturgeon (d) Street No. _____
 (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

George Alexander Lupton
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 28-1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 8 7

OCCUPATION
 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

PLACE _____ DATE _____ 19 _____

19. FUNERAL DIRECTOR (ADDRESS) _____

20. FILED 9-5 1938 M. S. Andrew
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

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

I last saw him 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) A. B. McComas, M. D.

(Address) Sturgeon

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

SUPPLEMENTARY

Information should be supplied. AGE should be stated EXACTLY. PHYSICAL condition should be stated. Exact statement of OCCUPATION is very important.