

REC'D AUG 26 1938

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

Do not use this space.

1. PLACE OF DEATH

County Putnam 2
Township Union 1
City (No. 5997) St. (Ward)

Registration District No. 718
Primary Registration District No. 6430

File No. 26278
Registered No. 25

2. FULL NAME

(a) Residence No. (Usual place of abode)

St. Ward.

(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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-10-1885
7. AGE YEARS 52 MONTHS 8 DAYS 21 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Mo 0

13. NAME Geo Kingston 4

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England 4

15. MAIDEN NAME Mary Ann Redmond

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

17. INFORMANT (ADDRESS) Maxine Kingston Unionville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Unionville DATE July 3 1938

19. UNDERTAKER (ADDRESS) P. O. Husted & Son Unionville Mo

20. FILED July 2, 1938 N. W. Gillum Registrar. 645

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1938, to July 1, 1938

I last saw him alive on July 1, 1938 Death is said to have occurred on the date stated above, at 3:20 P. M.

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

Coronary Thrombosis Date of onset July 1, 1938

Other contributory causes of importance: myocardial heart disease

Name of operation Date of What test confirmed diagnosis physical 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 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) N. W. Gillum M. D. (Address) Unionville, 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.

WHILE FATHER, WITH OBTAINING THIS IS A PERMANENT RECORD

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