

1938 NOV 14 1938

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

Do not use this space.

35818

1. PLACE OF DEATH

County Call Registration District No. 372  
Township Call Primary Registration District No. 1573  
City Agulow (No. 4213) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 978

2. FULL NAME

George Gilmore Waldon

(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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 31, 1938

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

22. I HEREBY CERTIFY, That I attended deceased from Oct 26, 1938, to Oct 31, 1938  
I last saw him alive on Oct 31, 1938. Death is said to have occurred on the date stated above, at 5a m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 22 1853

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
85 6 9

Date of onset \_\_\_\_\_

8. Trade, profession, or particular kind of work done, as splinter, 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 1

Other contributory causes of importance: \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Physic Was there an autopsy? no

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

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)

13. NAME Emery Waldon

Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_  
Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y. State

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) Dr. Perry M. D.  
Manly City Mo (Address) 333

15. MAIDEN NAME Lanina Houghton

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

17. INFORMANT Mrs Jessie Waldon (ADDRESS) Agulow Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Hope DATE 11/2 1938

19. UNDERTAKER W. G. Campbell (ADDRESS) Manly City Mo.

20. FILED Nov 2, 1938, J. Colony Registrar.

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.

