

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.

NOV 15 1938

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

Do not use this space.

36442

1. PLACE OF DEATH
County Wendover Registration District No. 653
Township Briggadoci Primary Registration District No. 5871
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME 6246 x Ezra Daniel George
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 2 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) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 14, 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
8 8 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____ none

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) Okean Ark

13. NAME Clyde George

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

15. MAIDEN NAME Raggle George

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

17. INFORMANT Old Bond
(ADDRESS) Deering

18. BURIAL, CREMATION, OR REMOVAL PLACE Gregory-Kennett Mo DATE 10/18 38

19. UNDERTAKER (ADDRESS) Galdering Funeral Home
Kennett, Mo

20. FILED 10-18 1938 J. W. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 16 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 16 1938 to _____ 1938
I last saw him alive on Oct 16 1938 Death is said to have occurred on the date stated above, at 10:30 p. m.
The principal cause of death and related causes of importance were as follows:
Gastro Intestinal Infection Oct 10
Date of onset _____

Other contributory causes of importance:
Infection to the Central Nervous System

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) Asis J. Speer M. D.
Deering Mo (Address) _____

