

REC'D FEB 16 1939

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

3117

Do not use this space.

## 1. PLACE OF DEATH

(a) County Miller Registration District No. 561  
(b) Township Saline Primary Registration District No. 5-75-5-B Registered No. 7  
(c) City Olean (d) Street No. \_\_\_\_\_ St.  
(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 Weaver Fields George

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Beatrice Jeffries George

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 12 1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
46 i 12

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. Farmer  
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) Missouri

FATHER 13. NAME Joseph George

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

MOTHER 15. MAIDEN NAME Nancy Shipman

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

17. INFORMANT (ADDRESS) Beatrice George  
Olean, Missouri

18. BURIAL, CREMATION OR REMOVAL PLACE New Hope (county) DATE 1-31-1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Phillips Funeral Home  
Eldon, Missouri

20. FILED 1-31 1939 Belle Haynes  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-29-1939 19

22. I HEREBY CERTIFY, That I attended deceased from 12-27, 1935, to 1-29-39, 1939  
I last saw him alive on 1-29, 1939. Death is said to have occurred on the date stated above, at 6:30 P. M.

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

Barthel's Mitigation Date of onset 1-12

Other contributory causes of importance:

Salmon Pneumonia 12-27 38

Name of operation none Date of \_\_\_\_\_What test confirmed diagnosis? clinical 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) E. C. Shelton, M. D.(Address) Eldon Mo

RECEIVED

Miller County Health Dep't.

County File Number 39-7

Date Filed 2-13-39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

Louis J. Phelps ....., or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed Louis J. Phelps

Licensed Embalmer No. 3663

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.