REC'D MAY 16 1939

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

Do not use this space.

2

1. PLACE OF DEATH

19

County Cass 1 — Registration District No. 147 — File No. 14529

Township Austin — Primary Registration District No. 5310 — Registered No.

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME 550 George Ervin Twyman

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(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.

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: Fern Twyman.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 22, 1912

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
26	3	16	

OCCUPATION

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): Drexel, Mo.

FATHER

13. NAME: George Nelson Twyman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Freeman, Mo.

MOTHER

15. MAIDEN NAME: Ruby Stella Hunziker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Near Drexel, Mo.

17. INFORMANT (ADDRESS): Mrs. Ruby Twyman Drexel

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sharon DATE Apr. 20, 1939

19. UNDERTAKER (ADDRESS): Atkinson Bros. Archie, Mo.

20. FILED 4-20-1939 Mrs Dora Adair Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 18, 1939

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

I last saw h..... 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:

He died suddenly probably angina pectoris.

Date of onset

Other contributory causes of importance: 94 W

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) Edgar M Griffith M. D.

140 (Address) Harrisonville Mo

Coronary Cass Co

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

V. S. NO. 2 50M-10-22-36 I X9314