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.

REG'D SEP 15 1939

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

Do not use this space.

29564

1. PLACE OF DEATH
County Lewis — Registration District No. 477 — File No.
Township — Primary Registration District No. 4286 — Registered No. 30
City Canton (No. , St. Ward)

2. FULL NAME 152 George W. Havens
(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

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: Alice Himmell
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 18, 1857
7. AGE: YEARS 81 — MONTHS 11 — DAYS 15 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Day laborer
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): Mendon Illinois

FATHER
13. NAME: Unknown, deceased an orphan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unk-

MOTHER
15. MAIDEN NAME: Unk-
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unk-

17. INFORMANT (ADDRESS): Earl Himmell Canton, Missouri
18. BURIAL, CREMATION, OR REMOVAL
PLACE Canton Mo. DATE Aug. 5 1939
19. UNDERTAKER (ADDRESS): Earl H. Barkley Canton Mo.
20. FILED Aug. 5 1939 H. W. Harris M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug. 3, 1939
22. I HEREBY CERTIFY, That I attended deceased from June, 1939, to Aug 3, 1939
I last saw him alive on Aug 3, 1939 Death is said to have occurred on the date stated above, at 8:A. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Uremia Toxemia | |
| 137 | |

Other contributory causes of importance:
Chronic Prostitis + arteriosclerosis

Name of operation — Date of
What test confirmed diagnosis? — 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) [signature] M.D.
(Address) Canton Mo.

RECEIVED
District Health Office No. 10
District File Number 9-39-1557
Date Filed SEP 8 1939