

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

Do not use this space.

7404

FILED MAR 15 1940

1. PLACE OF DEATH
 County Mills Registration District No. 561
 Township Saline Primary Registration District No. 5735
 City Deer Creek St. _____ Ward _____
 4-5
 2. FULL NAME James A Palmer
 (a) Residence, No. Enon Mo 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 Anna M Palmer
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 13 - 1879
 7. AGE YEARS 60 MONTHS 7 DAYS 14 If LESS than 1 day, _____ hrs. or _____ min.
 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) Magister, Ia
Sy. Baptist!
 13. NAME James E Palmer
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.
 15. MAIDEN NAME Ellen M Ellis
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa!
 17. INFORMANT Mrs Anna M Palmer
 (ADDRESS) Enon Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Ellen Ave DATE Feb 29 1940
 19. UNDERTAKER H N Stephens
 (ADDRESS) Marshall Mo
 20. FILED 2-29-1940 Belle Haynes
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 27 1940
 22. I HEREBY CERTIFY, That I attended deceased from June 10 1938 to Feb 27 1940
 I last saw him alive on Feb. 14 1940 Death is said to have occurred on the date stated above, at 11:45 A.M.
 The principal cause of death and related causes of importance were as follows:
Cerebral arteriosclerosis ?
3° Generalized arteriosclerosis ?
 Other contributory causes of importance: 97
 Name of operation none 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) Kenneth E. Plethen M. D.
 (Address) Ellen, Mo.

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

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.

RECEIVED

Miller County Health Dep't

County File Number 40-20

Date Filed 3-11-40