FILED APR 8 1940

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

Do not use this space.

12569

1. PLACE OF DEATH
County Scotland — Registration District No. 810 — File No.
Township — Primary Registration District No. 4488 — Registered No. 14
City Memphis, Mo (No. ..... St. ..... Ward)

2. FULL NAME 614 Otis Travel 2
(a) Residence. No. Memphis 0 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): Bachelor

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 16, 1857

7. AGE: 82 Years, 7 Months, 3 Days. If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Scotland County Mo

PARENTS
10. NAME OF FATHER: Jacob Travel
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Virg.
12. MAIDEN NAME OF MOTHER: Mary Corbin
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Virg.

14. INFORMANT: Claud Barb
(Address) Downing, Mo

15. FILED 3-8, 1940 E. E. Parrish, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 19 1940

17. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1935, to Feb 19, 1940 that I last saw him alive on Feb 19, 1940 and that death occurred, on the date stated above, at 3:00 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Senile Dementia - Senility
(duration) 1 yrs. 3 mos. 0 ds.

CONTRIBUTORY (SECONDARY): Senility
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 162
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical
(Signed) A E Platter, M. D
, 19 (Address) Memphis Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Memphis cemetery — DATE OF BURIAL: Feb. 21, 1940

20. UNDERTAKER: W. W. Payne & Sons — ADDRESS: Memphis

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
District Health Officer No. 10
District No. 4-40-744
Date Filed APR 1 1940