

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

Do not use this space.

29450

**1. PLACE OF DEATH**

42 County Horry  
Township Long Creek  
City Clinton

Registration District No. 347  
Primary Registration District No. 5491

File No. \_\_\_\_\_  
Registered No. 48  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

William Lewis George

(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<br><u>Male</u>   | 4. COLOR OR RACE<br><u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><u>Alice Julian</u>                           |                                  |   |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)<br><u>11-29-1858</u>  |                                  |   |
| 7. AGE YEARS<br><u>74</u>   | MONTHS<br><u>9</u>               | DAYS<br><u>12</u>   |
| If LESS than 1 day, _____ hrs. or _____ min.  |                                  |   |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.<br><u>Farming</u> |                                  |   |
| 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)<br><u>Missouri</u>   |                                  |   |
| 13. NAME<br><u>Elijah George</u>  |                                  |   |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Tennessee</u>  |                                  |   |
| 15. MAIDEN NAME<br><u>Key</u>   |                                  |   |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Unknown</u>  |                                  |   |
| 17. INFORMANT (ADDRESS)<br><u>John George</u><br><u>Clinton, Mo.</u>  |                                  |   |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE<br><u>Englewood Clinton</u> DATE <u>9-11</u> 19 <u>33</u>             |                                  |   |
| 19. UNDERTAKER (ADDRESS)<br><u>Stiles Funeral Home</u><br><u>Clinton, Mo.</u>                                 |                                  |   |
| 20. FILED <u>9/11</u> 19 <u>33</u> <u>Ed C Peeler</u><br>Registrar.   |                                  |   |

**✓ MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-9 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-4 1933 to 9-8 1933  
I last saw him alive on 9-8 1933 Death is said to have occurred on the date stated above, at 12:50 p.m.  
The principal cause of death and related causes of importance were as follows:

|                            |               |
|----------------------------|---------------|
| <u>Cerebral Hemorrhage</u> | Date of onset |
| <u>82-A</u>                |               |
| <u>82-D</u>                |               |
| <u>Paralysis</u>           |               |

Other contributory causes of importance \_\_\_\_\_

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) L. S. Smith, M. D.  
(Address) Clinton, Mo.

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERM 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.

SEP 26 1933

MEMO

Handwritten notes and scribbles, possibly including a signature or initials, located in the upper right quadrant of the page.