

DEC'D JUN 15 1938

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

Do not use this space.

17976

1. PLACE OF DEATH

County CassRegistration District No. 148Township Belton, Mo.Primary Registration District No. 4082City Belton, Mo.(No. 620)File No. 17976Registered No. 17976St. Mo. Ward 6202. FULL NAME E. R. George(a) Residence, No. 620 St. Mo. Ward 620

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jessie G. George</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 16, 1872</u>		
7. AGE	YEARS	MONTHS
	<u>65</u>	<u>6</u>
		<u>28</u>
	If LESS than 1 day, hrs. or min.	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Undertaker</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Funeral Home</u>
	10. Date deceased last worked at this occupation (month and year) <u>May 1938</u>
	11. Total time (years) spent in this occupation <u>30 yrs.</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Kansas City Mo.</u>
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13. NAME	<u>John E. George</u>
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14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Kentucky</u>
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15. MAIDEN NAME	<u>Sallie Gill</u>
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16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Kentucky</u>
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17. INFORMANT (ADDRESS)	<u>A. R. George</u> <u>Grandview, Mo.</u>
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18. BURIAL, CREMATION, OR REMOVAL	
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19. UNDERTAKER (ADDRESS)	<u>E. R. George & Sons</u> <u>Belton, Mo.</u>
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20. FILED	<u>5-16, 1938</u>
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21. DATE OF DEATH (MONTH, DAY, AND YEAR)	<u>May 14, 1938</u>
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22. I HEREBY CERTIFY, That I attended deceased from	<u>June 6, 1937, to May 14, 1938</u>
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23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury. 19	
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24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) <u>R. M. Miller</u> , M. D. (Address) <u>Belton Mo</u>	
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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from

June 6, 1937, to May 14, 1938I last saw him alive on May 14, 1938 Death is saidto have occurred on the date stated above, at 5:30 P.m.

The principal cause of death and related causes of importance were as follows:

Coronary occlusionDate of onset 5-14-38g413

Other contributory causes of importance:

Hypertension

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)

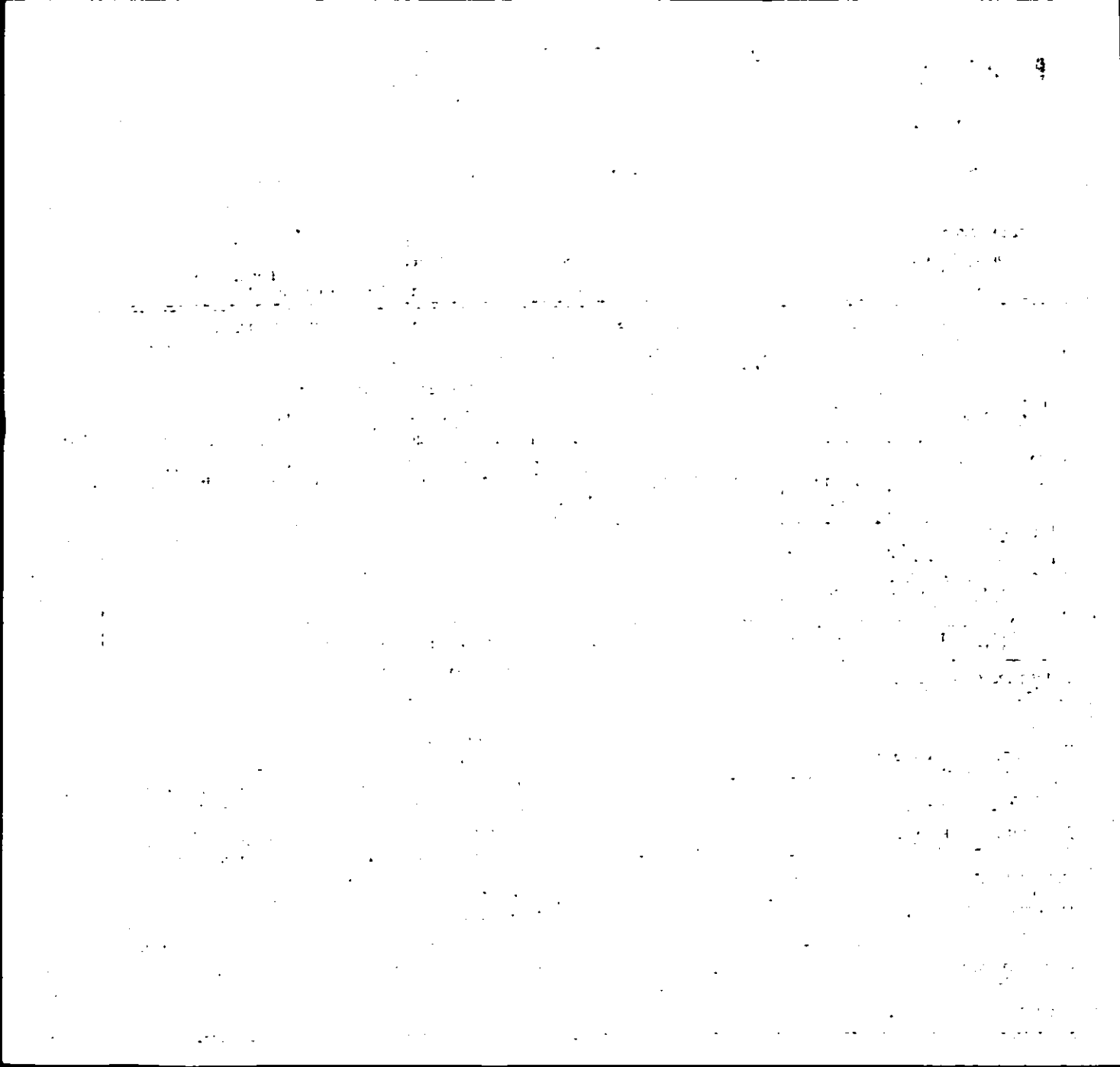
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.

Nature of injury.

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) R. M. Miller, M. D.(Address) Belton Mo



FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

17976

Do not use this space.

1. PLACE OF DEATH

(a) County Oas Registration District No. 148
(b) Township..... Primary Registration District No. 4082 Registered No.....
(c) City Belton (d) Street No..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Edward Kibby George
(a) Residence, No. St. ☐
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 6 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.....
9. Industry or business in which work was done, as 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).....

FATHER 13. NAME.....

14. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY).....

MOTHER 15. MAIDEN NAME.....

16. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY).....

17. INFORMANT (ADDRESS).....

18. BURIAL, CREMATION, OR REMOVAL

PLACE..... DATE..... 19.....

19. FUNERAL DIRECTOR (ADDRESS).....

20. FILED 5-16 1938 R M Miller
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14 1938

22. I HEREBY CERTIFY, That I attended deceased from

19..... to....., 19.....

I last saw him 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:

Date of onset

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)....., M. D.

(Address).....

1938
S-17976