

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.

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

Do not use this space.

40244

1. PLACE OF DEATH

County Moniteau
Township Pilot Grove
City William Prime (No.)

Registration District No. 577
Primary Registration District No. 5775

File No.
Registered No. 20 Ward

2. FULL NAME

(a) Residence, No.

St.

Ward.

(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 4 - 1925

7. AGE YEARS 7 MONTHS 4 DAYS 4 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓
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) Moniteau Co Mo

13. NAME Joe Prime

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miller Co Mo

15. MAIDEN NAME Rose May Tomlinson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record 31

17. INFORMANT (ADDRESS) Joe Prime
Latham Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Latham DATE Dec 18 1933

19. UNDERTAKER (ADDRESS) W. F. Tidwell
Verona, Mo.

20. FILED 1-10 1933 Mr. Robertson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 17 1932

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on Never, 19 Death is said to have occurred on the date stated above, at 12:20 p.m.

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

Probably Intussusception
taken sick at 4 p.m. and
died before any doctor saw him
he had had similar attacks

Other contributory causes of importance: Chronic Colitis

Name of operation none Date of
What test confirmed diagnosis? None 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? No

If so, specify

(Signed) H. R. Popejoy Coroner, M. D.
(Address) California Mo

After investigation I am satisfied he
died from natural causes

H. R. Pappey M.D.

Coroner of Milwaukee Co. Wis