

NOV 19 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County Washington Registration District No. 508Township 3 Primary Registration District No. 3026City Chillicothe (No. ....) St. .... Ward)File No. 38134Registered No. 137 St. .... Ward)2. FULL NAME Howard Timbrook

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bertha Timbrook6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June-4-19067. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
31 4 118. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Former9. 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) Grundy Mo13. NAME Roy Timbrook14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll Mo15. MAIDEN NAME Nell Black16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wis Mo17. INFORMANT (ADDRESS) Roy Timbrook Chillicothe Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Plymouth DATE Oct-17-193719. UNDERTAKER (ADDRESS) Jerry Gordon Chillicothe Mo20. FILED Oct-16-1937 Howard M. Swell Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct-15-193722. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1937, to Oct 15, 1937.I last saw him alive on Oct 13, 1937. Death is saidto have occurred on the date stated above, at 7 P.m.

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

Infantile Paralysis  
indirect cause  
lobes pneumonia  
direct cause

Date of onset

9-2-3710-13-37Other contributory causes of importance: 16  
throat muscles partially  
paralyzed - choked to death

Name of operation..... 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?.....

If so, specify.....

(Signed) Dr. Elmer J. Ingram, M.D.(Address) Chillicothe Mo

