

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

Do not use this space.

JAN 26 1934

1. PLACE OF DEATH

County Carroll
Township Washington
City Dawn (No.)

Registration District No. 138
Primary Registration District No. 5203

File No. 39432
Registered No.

2. FULL NAME

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 5 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 Fe 4. COLOR OR RACE wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 15, 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 11 22

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Missouri

FATHER 13. NAME Wm Hainer

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

MOTHER 15. MAIDEN NAME Susie De Mont

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

17. INFORMANT (ADDRESS) Geo. Timbrook Dawn, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Cem. DATE Dec 10, 1933

19. UNDERTAKER (ADDRESS) B. F. Mead Draymer, Mo.

20. FILED Jan 6, 1934 B. C. Cole M.H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 25, 1933 to Dec. 7, 1933

I last saw him alive on Dec 7, 1933. Death is said

to have occurred on the date stated above, at 11:29 a.m.

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

Cerebral Apoplexy
8201

Date of onset 12-25-33

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? no

If so, specify (Signed) Geo. S. Howell, M. D. (Address) Draymer, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT 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.

1915
W. B. ...
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