

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

Do not use this space.

6733

1. PLACE OF DEATH

County Ray Co Registration District No. 743
 Township Smith Primary Registration District No. 5978
 City (No.) St. Ward

File No. _____
 Registered No. 3

2. FULL NAME

James William Proctor
 (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sallie Proctor</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>5/8/1857</u>			
7. AGE	YEARS <u>73</u>	MONTHS <u>8</u>	DAYS <u>27</u>
			If LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</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) <u>10 yrs</u>		
			11. Total time (years) spent in this occupation <u>10 2</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>			
FATHER	13. NAME <u>Elridge Proctor</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>		
MOTHER	15. MAIDEN NAME <u>Nancy Bailey</u>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>		
17. INFORMANT <u>Sarah M. Greet</u> (ADDRESS) <u>Smith Mo</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>South Paul Co</u> DATE <u>2/6</u> 31			
19. UNDERTAKER <u>C. W. Gibson</u> (ADDRESS) <u>Smith Mo</u>			
20. FILED <u>Apr 9, 1931</u> <u>J. E. Ellis</u> Registrar.			

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/5 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan 10th, 1925, to 2/5, 1931
 I last saw h. alive on 2-1, 1931. Death is said to have occurred on the date stated above, at 9:30 a.m.
 The principal cause of death and related causes of importance were as follows:
 Date of onset

Organic Heart Disease 1925
95 B
97
95 B
 Other contributory causes of importance:
Arterio-sclerosis
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 (1)

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) Robt. Shertz, M. D.
 (Address) Orvick Missouri

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.

APR 25 1931

