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

Do not use this space.

25984

1. PLACE OF DEATH

County Ray — Registration District No. 739 — File No.

Township Camden — Primary Registration District No. ~~[illegible]~~ — Registered No.

City ~~[illegible]~~ (No. 5974 St. Ward)

2. FULL NAME Jeptha M Proffitt

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 9, 1873

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
58	3	4	

OCCUPATION

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

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 William Proffitt

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

MOTHER

15. MAIDEN NAME Margrete ---Don'know

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

17. INFORMANT (ADDRESS) Mr. Edward Proffitt Richmond

18. BURIAL, CREMATION, OR REMOVAL

PLACE New Hope Cem DATE 7-14-31, 19

19. UNDERTAKER (ADDRESS) C. M. Jones Richmond Mo

20. FILED July-14, 1931 W. W. Burgess Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-13-~~31~~ 1:30 P.M., 1931

22. I HEREBY CERTIFY, That I attended deceased from July 4, 1931, to July 4, 1931

I last saw him alive on July 4, 1931. 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:

Paresis of 6 or 7 years standing had no Physician before July 4, 31

83

Other contributory causes of importance:

Date of onset

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) L. D. Greene, M. D.

(Address) Richmond 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.

AUG 29 1931