NOV 20 1935

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

Do not use this space.

32248

File No.

Registered No. 16

1. PLACE OF DEATH

County: Cole — Registration District No. 214

Township: Moreau — Primary Registration District No. 4130

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Lloyd Green Procter

(a) Residence, No. Russellville, Mo. St., ... Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 18th, 1897

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	38	0	26	

OCCUPATION

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

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) Russellville, Missouri

FATHER

13. NAME R.N. Procter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russellville, Missouri

MOTHER

15. MAIDEN NAME Osiee Enloe

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Enon, Missouri

17. INFORMANT Harry Procter
(ADDRESS) Olean, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Shilo Moniteau Co. DATE Sept. 16th, 1935

19. UNDERTAKER G.N. Steffens
(ADDRESS) Russellville, Mo.

20. FILED Oct. 16 1935 Mrs. Mabel Barbour
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 14th, 1935 19

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1935 to Oct 14, 1935
I last saw him alive on Oct 14, 1935. Death is said to have occurred on the date stated above, at 10 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	1932
Chronic Myocarditis	1933

Other contributory causes of importance

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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? No.
If so, specify .....
(Signed) George J. McSharon, M. D.
(Address) Russellville Mo.

MARGIN RESERVED FOR BINDING

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.

V. S. G. NO. 2
10GM-11-24-33