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

Do not use this space.

20053

File No.
Registered No.

1. PLACE OF DEATH
County: Jackson — Registration District No.: 403
Township: Brooking — Primary Registration District No.: 5557
City: Kansas City (No. R.F.D. #2 St. Ward)

2. FULL NAME: William H. De Yeau
(a) Residence, No.: 56th & Windsor St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred: 30 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): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF:
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 14 1868
7. AGE: Years 65 Months ✓ Days ✓ If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.:
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Saw Mill Finisher
10. Date deceased last worked at this occupation (month and year): June 1931
11. Total time (years) spent in this occupation: 40 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Leavenworth Kans.

FATHER
13. NAME: Andrew De Yeau
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York City New York

MOTHER
15. MAIDEN NAME: Kate Selby
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): North Carolina

17. INFORMANT (ADDRESS): Mrs Kate Throughton 56th & Windsor Blvd
18. BURIAL, CREMATION, OR REMOVAL: PLACE Memorial Park DATE June 26, 1933
19. UNDERTAKER (ADDRESS): Freeman Mortuary Kans. City Mo.
20. FILED 7-2-, 1933 W. W. Hobbs M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 6-25, 1933
22. I HEREBY CERTIFY, That I attended deceased from 6-22, 1933, to 6-28, 1933
I last saw him alive on 6-24, 1933. Death is said to have occurred on the date stated above, at 10 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchial Pneumonia	6-22 1933
Other contributory causes of importance: Chronic Prostatitis with retention	6-1-33

Name of operation: None Date of
What test confirmed diagnosis? Physical Signs 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) W. W. Hobbs, M. D.
(Address) Clayton Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD