

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.

OCT 11 1934

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

Do not use this space.

1. PLACE OF DEATH

County *Cedar* Registration District No. *163*  
Township *W Colorado spgs* Primary Registration District No. *40951*  
City *W Colorado spgs* (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. *32228*  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME *William Gibson Urton*

(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 <i>Male</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i>			
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Maud Urton</i>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Feb 16 1871</i>					
7. AGE	YEARS <i>63</i>	MONTHS <i>7</i>	DAYS <i>6</i>	IF LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Telegraph Operator</i>				
	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) <i>peculiar mo</i>					
MOTHER	13. NAME <i>John W Urton</i> <i>9</i>				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Richmond va</i>				
	15. MAIDEN NAME <i>Mattie Wills</i>				
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Richmond va</i>				
	17. INFORMANT <i>Mrs Maud Urton</i> (ADDRESS) <i>W Colorado spgs mo</i>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Blaine town mo</i> DATE <i>Sept 24 1934</i>					
19. UNDERTAKER <i>Geo W Hafus</i> (ADDRESS) <i>W Colorado spgs mo</i>					
20. FILED <i>9-23-1934</i> <i>G W Dawson</i> Registrar					

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept 22 1934*

22. I HEREBY CERTIFY, That I attended deceased from *Sept 22 1934* to *Sept 22 1934*  
I last saw him alive on *Sept 22 1934* Death is said to have occurred on the date stated above, at *3:30 p.m.*  
The principal cause of death and related causes of importance were as follows:  
*Cerebral Hemorrhage*  
*"Apoplexy"*  
*82A*  
*G.W.*  
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) *G W Dawson*, M. D.  
(Address) *W Colorado spgs*

