JUN 8 1935

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

Do not use this space.

15629

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township Washington — Primary Registration District No. 1001 — Registered No. 517
City Saint Joseph (No. Saint Joseph Hospital St. Ward)

2. FULL NAME William Dewhurst
(a) Residence, No. St., Ward. Blanchard, Iowa
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word): Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs. Nellie Dewhurst
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 11, 1859
7. AGE: YEARS 75 — MONTHS 10 — DAYS 26 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Merchant
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): Unknown, Illinois

FATHER
13. NAME: James Dewhurst
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, England

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Unknown

17. INFORMANT (ADDRESS): Mrs. L. A. Crane, Blanchard, Iowa
18. BURIAL, CREMATION, OR REMOVAL PLACE: Blanchard, Iowa DATE: May 8th 1935
19. UNDERTAKER (ADDRESS): E. R. Sidenfaden, 602 So. 10th St.
20. FILED: 5-8 1935 John R. Bender, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 7th 1935
22. I HEREBY CERTIFY, That I ~~attended~~ heard ~~deceased from~~ on May 8, 1935, to ....., 19....
I last saw him alive on ....., 19.... Death is said to have occurred on the date stated above, at 10:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitis	
59	

Other contributory causes of importance: Arterio Sclerosis

Name of operation: Left leg amputated — Date of: 4/25/35
What test confirmed diagnosis? Clin Hist — 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) Forrest Thomas Coroner, M. D.
(Address) 731 Faraon St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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