

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

Do not use this space.

40461

1936 DEC 18 1936

**1. PLACE OF DEATH**

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1002

City

St. Joseph, Mo.

(No. 1)

St.

Ward

**2. FULL NAME**

(a) Residence, No. Partville, Mo. St.

Ward.

Partville, Mo.  
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 2 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 Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1903

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. About 33 ? ?

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) Belgium

13. NAME W. Thomas

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

15. MAIDEN NAME Winters

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

17. INFORMANT (ADDRESS) State Dept. Bureau

18. BURIAL, CREMATION, OR REMOVAL Partville, Mo. 11-20-36

19. UNDERTAKER (ADDRESS) Dr. B. W. W. 218 1/2 St. J.

20. FILED Nov 20, 1936 H. J. Neill  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 19 1936

22. I HEREBY CERTIFY. That I attended deceased from Sept 19 1936 to Nov 19 1936

I last saw him alive on Nov 19 1936 Death is said to have occurred on the date stated above, at 9:40 a.m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis  
Myocardial infarction  
Diabetes

Other contributory causes of importance: None

Name of operation None Date of None  
What test confirmed diagnosis? Path Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? None Date of injury None, 1936

Where did injury occur? None  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None  
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? None  
If so, specify

(Signed) H. J. Neill, M. D.  
(Address) State Dept. Bureau

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.

