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.

JUN 16 1937

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

Do not use this space.

19298

1. PLACE OF DEATH
2 County Andrew — Registration District No. 13 — File No.
5 Township Wodaway — Primary Registration District No. 4010 — Registered No.
3 City Savannah (No. , St. Ward)

2. FULL NAME William Andrew Genther
(a) Residence, No. 306 South 6th 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. 10 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Ella Genther

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-9-1882

7. AGE: YEARS 55 — MONTHS 3 — DAYS 16 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) Andrew Co Mo

FATHER
13. NAME Edward Genther
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cass Co Beardstown Ill

MOTHER
15. MAIDEN NAME Margaret Blair
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Londerry Ireland

17. INFORMANT (ADDRESS) Mrs. W. I. Brown Savannah Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Savannah DATE 5-27- 1937

19. UNDERTAKER (ADDRESS) J. Fred Terhune Savannah Mo.

20. FILED May 26, 1937 Mrs A R King Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1937, to May 25, 1937
I last saw him alive on May 25, 1937. Death is said to have occurred on the date stated above, at 9 a.m.
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset

Other contributory causes of importance: Hypothyroidism

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy?

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) Willis O Myers, M. D.
(Address) Savannah Mo