OCT 15 1937

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

Do not use this space.

1. PLACE OF DEATH
County: Boone — Registration District No.: 73 — File No.: 33625
Township: — Primary Registration District No.: 3006 — Registered No.: 219
City: Columbia (No.: Boone County Hospital St.: ; Ward:)

2. FULL NAME: William Elijah Healy Jr.
(a) Residence, No.: Route 2 St.: ; Ward: ; (If nonresident, give city or town and State)
(Usual place of abode)
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.

10 3 8

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): 9-25-1918

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
18	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Truck driver
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): Boone Co. Missouri

FATHER
13. NAME: W. E. Healy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Boone County Missouri

MOTHER
15. MAIDEN NAME: Emma Goff
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): W. E. Healy Route 2 - Columbia Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Valley Springs DATE: 9-17 1937

19. UNDERTAKER (ADDRESS): Parker Furniture Co. Columbia Mo.

20. FILED: 9/17/ 1937 Allie Selby Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 9-15 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 12, 1937 to Sept 15, 1937
I last saw him alive on Sept 15, 1937 Death is said to have occurred on the date stated above, at 11 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	9-11-37
Double Pneumonia	

Other contributory causes of importance: 108

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): J. H. Lamyer, M. D.
(Address): Columbia 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.