

OCT 27 1937

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

Do not use this space.

35541

## 1. PLACE OF DEATH

County OregonRegistration District No. 875-

Township

Primary Registration District No. 3039City Nevada

(No. \_\_\_\_\_)

St. \_\_\_\_\_

Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence 629 Washland St. Ward. \_\_\_\_\_(Usual place of abode) Kansas City Mo

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Withers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 20, 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
65 10 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Policeman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

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) Terre Haute Ind.13. NAME William Withers14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Terre Haute Ind.15. MAIDEN NAME Clinda Lucas16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Terre Haute Ind.17. INFORMANT Mrs Anna Withers18. BURIAL, CREMATION, OR REMOVAL Norfolk Cemetery DATE 9-19-3719. UNDERTAKER (ADDRESS) Terre Funerals Home Nevada Mo20. FILED Sep 27 1937 Allard Hays Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 18, 193722. I HEREBY CERTIFY, That I attended deceased from Sept 12, 1937 to Sept 18, 1937I last saw him alive on Sept 12, 1937 Death is said to have occurred on the date stated above, a \_\_\_\_\_ d.

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

Cause of Prostate Date of onset Don't knowOther contributory causes of importance: 51Name of operation none Date of \_\_\_\_\_What test confirmed diagnosis? Exam 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) W. R. Love M. D.(Address) Nevada, 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.

