

REC'D APR 1 1938

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

8785
Do not use this space.

1. PLACE OF DEATH

(a) County HO. MERPHILL Registration District No. 791
(b) Township P. 20 Primary Registration District No. 1003
(c) City SPITTLER (d) Street No. 1003
(e) Length of residence in city or town where death occurred - yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

Registered No. 2374

2. PRINT FULL NAME WILLIAM

(a) Residence, No. 14 27 S. 3 St Block 4 2 3 St. 23
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX mal 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF married VIOLA

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 15 - 1906

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
31 1906 11 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. LABOR
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) TUSCALOOSA
ALB.

FATHER 13. NAME CURTIS Blackton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson
ALB.

MOTHER 15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Ada - Bill Lucie
14 27 S. 3 St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Father Dixon DATE 3/12, 1938

19. FUNERAL DIRECTOR (ADDRESS) A. H. Burke
14-19 S. 3 St.

20. FILED MAR 10 1938 J. J. Bredeck Local Registrar.

NEED NOT BE FILLING IN AFTER DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/5/38, 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 1:20 P.M.

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

Catarrhal Cholecystitis with Jaundice; (The Stages)
Chronic Aortitis. (Non-specific)
Cardiac Hypertrophy.

Other contributory causes of importance:

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

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) Joseph M. ...
_____ (Address) Joseph M. ...

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.

STATEMENT BY LICENSED EMBALMER

I, Louis V. Atkins, Licensed Embalmer No. 2842
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.

Signed Louis V. Atkins
Licensed Embalmer No. 2842

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)