DEC'D MAY 17 1938

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

Do not use this space.

1. PLACE OF DEATH
County: BUCHANAN
Township: WASHINGTON
City: ST. JOSEPH, (No. MISSOURI METHODIST HOSPITAL St. Ward)

Registration District No. 35
Primary Registration District No. 1001

File No. 11111
Registered No. 476

2. FULL NAME DR WILLARD C. PROUD
(a) Residence, No. 2615 FRANCIS STREET, St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 23 yrs. 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: ALICE PROUD

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): JUNE 28, 1873

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
64	10	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: EYE, EAR, NOSE AND THROAT SPECIALIST
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): SEPT., 1937
11. Total time (years) spent in this occupation: UNK.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ATCHISON, COUNTY MISSOURI.

FATHER
13. NAME: CLARK O. PROUD
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): KOKOMIS, INDIANA

MOTHER
15. MAIDEN NAME: REBECCA C. CURTIS
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): OREGON, MO.

17. INFORMANT (ADDRESS): ALICE PROUD, 2615 FRANCIS ST. ST. JOSEPH, MO.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: OREGON, MO DATE: MAY 2, 1938

19. UNDERTAKER (ADDRESS): FLEEMAN & SON INC. 1946 CALHOUN ST. ST. JOSEPH MO.

20. FILED: May 1 1938 H. J. Mattebusch Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): APRIL 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 1937 to Apr 29 1938
I last saw him alive on Sept 29 1937. Death is said to have occurred on the date stated above, at 9:15 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Colon	Aug. 1937

Other contributory causes of importance:
Obstruction Intestinal

Name of operation: none Date of
What test confirmed diagnosis? Clin. 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) L. H. Jensen, M. D.
(Address) St. Joseph Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.