

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

Do not use this space.

REC'D JUL 25 1938

1. PLACE OF DEATH
 County Phelps Registration District No. 678
 Township St. James Primary Registration District No. 5904
 City St. James (No. _____) St. _____ Ward _____

2. FULL NAME William Ellsworth Creech 678
 (a) Residence, No. St. James 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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 22672
 Registered No. _____

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) 10-18-1890

7. AGE YEARS 47 MONTHS 9 DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE
 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 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DIXON Mo 0

FATHER 13. NAME W. E. Creech 0
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln, CO 0

MOTHER 15. MAIDEN NAME Sarah E. Cox
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln CO Ms

17. INFORMANT Mrs. Harris Dadd
 (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Dixon, Mo DATE 7-12- 1938

19. UNDERTAKER John & Len York
 (ADDRESS) _____

20. FILED 7-12- 1938 Elaine B. Houch
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-10- 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1938 to July 10- 1938
 Last saw him alive on July 10 1938 Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Chromic Poisoning 7-1-38
121
 Other contributory causes of importance:
Chronic Intestinal Nephritis 3 years

Name of operation _____ Date of _____
 What test confirmed diagnosis? Chromic 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) William H. Creech M. D.
 (Address) St. James, 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.

