REC'D SEP 20 1938

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

Do not use this space.

File No. 28709

Registered No. 16

1. PLACE OF DEATH

County: Cole — Registration District No. 211

Township: Marion — Primary Registration District No. 5291

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME William Distler

(a) Residence, No. Jefferson City R.F.D. 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	white	single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: no

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): August 14, 1938

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	0	0	0	0 hrs. 0 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: ....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Elston, Mo

FATHER

13. NAME: Matthew Distler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Elston, Mo

MOTHER

15. MAIDEN NAME: Mamie Welch

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jefferson City, Mo

17. INFORMANT (ADDRESS): Matthew Distler, Elston, Mo.

18. BURIAL, CREMATION, OR REMOVAL — PLACE: St. Martins Cem. DATE: Aug. 14, 1938

19. UNDERTAKER (ADDRESS): Disposed of by Family

20. FILED: Aug. 14, 1938 H. O. Leach, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): August 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from August 14, 1938 to August 14, 1938

I last saw h..... alive on born dead, 19..... Death is said to have occurred on the date stated above, at 9:20a m.

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

	Date of onset
Stillborn.	
Do not know cause	

Other contributory causes of importance: none

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? no 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) Frank V. Nichols, M. D.

(Address) Centertown, 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.

Take to
Dr. Bedford's
Office