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

Do not use this space.

8779

1. PLACE OF DEATH
County Lewis — Registration District No. 477 — File No.
Township — Primary Registration District No. 426 — Registered No. 11
City Canton (No. ... St. ... Ward)

2. FULL NAME William R Detwiler
(a) Residence. No. ... 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Divorced ~~Husband~~

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 6 - 1882

7. AGE: Years 44 | Months 8 | Days 23 | If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Photographer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Canton Mo

PARENTS
10. NAME OF FATHER: Oscar W Detwiler
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Lucas Co. Mo.
12. MAIDEN NAME OF MOTHER: Amelia Hanley
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): St Louis Mo

14. INFORMANT (Address): Amelia Detwiler Canton Mo

15. FILED 4-9 1927 H. W. Harris REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 28 1927

17. I HEREBY CERTIFY, That I attended deceased from Feb 2 1927, to March 28 1927 that I last saw him alive on March 28 1927, and that death occurred, on the date stated above, at 7 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Lues 34

38

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) ...

(duration) ... yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? ?

DID AN OPERATION PRECEDE DEATH? no DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Wasserman

(Signed) D. A. Miller, M. D

3-29, 1927 (Address) Canton Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Canton Mo — DATE OF BURIAL: Mar 30 1927

20. UNDERTAKER: W D Kelly — ADDRESS: Canton 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.