

FEB 21 1928

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

Do not use this space.

1834

1. PLACE OF DEATH

County Merion
Township 9th
City Hannibal (No. 601)

Registration District No. 5707
Primary Registration District No. 3029
(No. 601)

File No. 100-100-100
Registered No. 100-100-100 (Ward)

2. FULL NAME

William Clayton Giles

(a) Residence. No. 601 St. 4 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)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 12 1921

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
6 26

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work 89.7 78.4
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Hannibal
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Clayton Giles

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Perry
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Violet Sparks

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Helling
(STATE OR COUNTRY)

14. INFORMANT Mrs. Clara Deeter
(Address) Hannibal, Mo.

15. FILED Jan 10 1928 C. E. Shode REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-7-1928

17. I HEREBY CERTIFY, That I attended deceased from 11/3 1928, to 1-7-1928, and that I last saw him alive on 1-7-1928, and that death occurred, on the date stated above, at 9:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

epheretic
86 W (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Statis media (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. J. Bann, M. D.

1/10 1928 (Address) Hannibal 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 DATE OF BURIAL

St. Charles Cemetery 1-9-1928

20. UNDERTAKER ADDRESS

James O'Donnell Hannibal

THIS IS A PERMANENT RECORD

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.

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