

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

Do not use this space.

1. PLACE OF DEATH

County Hunter
Township Clinton
City Clinton (No. 116)

Registration District No. 347
Primary Registration District No. 3018

File No. 4695
Registered No. 21
St. _____ Ward _____

2. FULL NAME Wm. E. Day

(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

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 9 1928

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Ladona Christina Day

I HEREBY CERTIFY, That I attended deceased from Jan. 11 1928 to Feb. 9 1928, and that I last saw h. alive on Feb. 9 1928, and that death occurred, on the date stated above, at _____ m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 18 1857

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Prostatitis Nephritis
137

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
76 L 2L

132.8 / 29 W (duration) 5 yrs. _____ mos. _____ ds.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer Sam W. E. Day

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

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

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

10. NAME OF FATHER James Day

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Feb 4/28

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

WAS THERE AN AUTOPSY? No

12. MAIDEN NAME OF MOTHER Don't Know

WHAT TEST CONFIRMED DIAGNOSIS? Chemical
(Signed) W. E. Stephens, M. D.
, 19 (Address) Clinton, Mo

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't Know
(STATE OR COUNTRY)

*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.

14. INFORMANT W. E. Day
(Address) Clinton, Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Cracker M. DATE OF BURIAL Feb 11 1928

15. FILED Feb. 10. 28 Dr. E. C. Peeler
by J. H. REGISTRAR

20. UNDERTAKER James W. Walker ADDRESS Clinton, Mo

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.

AT 9 1928

