

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

Do not use this space.

13380

**1. PLACE OF DEATH**

County Rackson  
Township Rau  
City N.C.Mo. (No. 1217 Reservoir)

Registration District No. 399  
Primary Registration District No. 1002

File No. \_\_\_\_\_  
Registered No. 1112  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

William Robert Means

(a) Residence, No. 1217 Reservoir St. 3 Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

M.

**4. COLOR OR RACE**

White

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

Married

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

Sarah E. Means

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

Feb. 29 - 1868

**7. AGE**

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>60</u>	<u>1</u>	<u>15</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Seal Clerk  
(b) General nature of industry, business, or establishment in which employed (or employer) Burlington N.Y.  
(c) Name of employer \_\_\_\_\_

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

Ill.

**10. NAME OF FATHER**

Wm. Means

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

no record

**12. MAIDEN NAME OF MOTHER**

A. Dibley

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

no record

**14.**

INFORMANT Alpha Means  
(Address) 8209 Kenwood

**15.**

Filed 4-16-28 M.M. Crow  
REGISTRAR asst

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

4-14-1928

**17.**

HEREBY CERTIFY That I attended deceased from Mar 5 - 1928 to Mar 14 - 1928 that I last saw him alive on Apr 11 - 1928, and that death occurred, on the date stated above, at 9:51 m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Carcinoma of Stomach & P. Areas

**CONTRIBUTORY (SECONDARY)**

Vascular Hypertension

**18. WHERE WAS DISEASE CONTRACTED**

440

**DID AN OPERATION PRECEDE DEATH? DATE OF**

\_\_\_\_\_

**WHAT TEST CONFIRMED DIAGNOSIS?**

(Signed) Walter J. Bluthy, M.D.  
4-16-1928 (Address) 3103 Broadway

\*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**

Forest Hill

**DATE OF BURIAL**

Apr-17-1928

**20. UNDERTAKER**

Mrs. C. L. Foster  
City City

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.

31st 1006  
03

Linwood

790 11