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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

SEP 24

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

File No. 26532

Township

Primary Registration District No. 1001

Registered No. 1016

City St. Joseph (No. St. Ward)

2. FULL NAME William Harrison Violett

(a) Residence. No. 216 W. Valley 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): Married

5a. If Married, Widowed, or Divorced HUSBAND OF (or) WIFE OF Mary A. Violett

6. DATE OF BIRTH (month, day and year) April 8, 1861

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ......min.
67	4	11	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer St. Joseph Stock Yards Co.

9. BIRTHPLACE (city or town) Plattsburg
(State or country) Mo.

PARENTS

10. NAME OF FATHER John Violett

11. BIRTHPLACE OF FATHER (city or town) Unknown
(State or country) Ky.

12. MAIDEN NAME OF MOTHER Elizabeth Snyder

13. BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country) Ky.

14. INFORMANT Mrs. Mary A. Violett
(Address) 216 W. Valley

15. FILED AUG 25 1928 19 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day and year) Aug. 19, 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 19, 1928, to Aug 18, 1928, that I last saw h... alive on Aug 19, 1928, and that death occurred, on the date stated above, at Unknown m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral insufficiency and heart exhaustion

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) Sugar diabetes and gastritis Several months

(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? Clinical

(Signed) William A. Robertson, M. D.

Aug 21, 1928 (Address) St. Joseph 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 Bethel Cem.

DATE OF BURIAL Aug. 21 19 28

20. UNDERTAKER Fred A. Clark

ADDRESS 5025 King Hill Av.

14

57