

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan
Township _____
City St. Joseph (No. _____)

Registration District No. 85
Primary Registration District No. 1001

File No. 26532
Registered No. 1016
St. _____ Ward _____

2. FULL NAME William Harrison Violet

(a) Residence. No. 216 W. Valley St. _____ Ward _____
(Usual place of abode)

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. (If nonresident give city or town and State)

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. Violet

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.

10. NAME OF FATHER John Violet

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. Violet
(Address) 216 W. Valley

15. FILED 25 1928 John G. V. 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. 19, 1928, that I last saw him alive on Aug. 19, 1928, and that death occurred, on the date stated above, at Unknown

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocardial insufficiency and heart exhaustion

(duration) _____ yrs. _____ mos. 2 ds.

CONTRIBUTORY (SECONDARY) Sugar diabetes and gastric
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 28
19

20. UNDERTAKER

ADDRESS 5025 King Hill Av.

Fred A. Clarke

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.

RECORD WITH OUTFACING INK—THIS IS A PERMANENT RECORD

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