JAN 21 1929

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

Do not use this space.

39482

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 1397

City St. Joseph, (No. Noyes Hospital St. Ward)

2. FULL NAME William Edward Everett

(a) Residence. No. 620 Kentucky St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 1 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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July, 4, 1916

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
12	5	6	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: In school.

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Scotts Bluff, Neb.

PARENTS

10. NAME OF FATHER: Edward Everett

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

12. MAIDEN NAME OF MOTHER: Josephine Shaw

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Andrew Co, Mo.

14. INFORMANT: Edward Everett
(Address) 620 Kentucky St.

15. FILED DEC 12 1928 19 John G. Jutz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec, 10, 1928 19

17. I HEREBY CERTIFY, That I attended deceased from 12 8, 1928, to 12/10, 1928 that I last saw him alive on 12/10, 1928, and that death occurred, on the date stated above, at 5.00 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Gangrenous appendicitis

19 VA

19 9 (duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY) Peritonitis General

(duration) yrs. mos. 3 ds.

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

DID AN OPERATION PRECEDE DEATH? yes DATE OF Dec. 8, 28

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Operation

(Signed) F. G. Thompson, M. D

12/12/1928 (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: Ashland Cemetery

DATE OF BURIAL: Dec, 12, 1928

20. UNDERTAKER: Walter Meinke Sr.

ADDRESS: 1302 Faraon St.

WRITE PLAINLY, WITH UNFADING INK—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.