

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

Do not use this space.

18513

PLACE OF DEATH
 County Andrew Registration District No. 26
 Township Waltham Primary Registration District No. 3002
 City Mexico Mo. (No. _____) St. _____ Ward _____

2. FULL NAME William Anthony Vernon
 (a) Residence, No. Andrew Hospital 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. 6 ds. How long in U.S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

File No. _____
 Registered No. 75

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>April 25 - 1929</u>		
7. AGE	YEARS	MONTHS
	<u>1</u>	<u>1</u>
		DAYS <u>21</u>
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work _____		
(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) <u>Martinsburg W. Va.</u>		
PARENTS	10. NAME OF FATHER <u>James Vernon</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Martinsburg W. Va.</u>	
	12. MAIDEN NAME OF MOTHER <u>Informally Hester</u>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Andrew Mo.</u>	
14. INFORMANT <u>James Vernon</u> (Address) <u>Martinsburg W. Va.</u>		
15. FILED <u>June 16th 1930</u> <u>Cora S. Milligan</u> REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 16 1930

17. HEREBY CERTIFY, That I attended deceased from June 9, 1930 to June 16, 1930 that I last saw him alive on June 16, 1930, and that death occurred, on the date stated above, at 8:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Gastro-enteritis

1198 (duration) _____ yrs. _____ mos. 14 ds.

CONTRIBUTORY (SECONDARY) 1198 (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) Frank Jolley M. D.
4/16, 1930 (Address) Mexico, 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 Martinsburg W. Va. DATE OF BURIAL June 17th 1930

20. UNDERTAKER K.B. Wells - Wellsville Mo. ADDRESS _____

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.

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