

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.

SEP 24 1930

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

Do not use this space.

19270 <sup>a</sup>

1. PLACE OF DEATH

County Howard  
Township Beckham  
City Fayette

Registration District No. 878  
Primary Registration District No. 4222

File No. \_\_\_\_\_  
Registered No. 44  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

William David Dee

(a) Residence. No. \_\_\_\_\_ 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 <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>Sep. 14, 1901</u>		
7. AGE	YEARS	MONTHS
	<u>28</u>	<u>9</u>
		<u>9</u>
	If LESS than 1 day, _____ hrs. or _____ min.	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer & government worker  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN)

Wellington Missouri

10. NAME OF FATHER

David Dee

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

D Ohio

12. MAIDEN NAME OF MOTHER

Emma Hayes

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Ohio

14. INFORMANT

Francis Dee  
(Address) Hillman Missouri

15. FILED

Sep 19 1930 V. O. Bonham  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 23, 1930  
17. I HEREBY CERTIFY, That I attended deceased from June 3<sup>rd</sup> 1930, to June 23 1930, that I last saw h. live on June 20 1930, and that death occurred, on the date stated above, at 11:24 P. M.

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

(duration) yrs. mos. 20 ds.  
CONTRIBUTORY Perforation Bowels (SECONDARY)  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH on mo. River  
DID AN OPERATION PRECEDE DEATH? yes DATE OF June 14 1930

19. WAS THERE AN AUTOPSY?

no

WHAT TEST CONFIRMED DIAGNOSIS

widob

(Signed) W. H. Hawkins M. D.

, 19 (Address) Seagard 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

DATE OF BURIAL

Slater City Cemetery 6-23-30

20. UNDERTAKER

ADDRESS

Jones and Salzer Slater, Mo.

