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

Do not use this space.

27861

1930

1. PLACE OF DEATH

County: St. Louis

Township: Carondelet

City: Jefferson Barracks, Mo. (No. U.S. Veterans Hospital, Jefferson Brks., Mo. Ward)

Registration District No.: 1123

Primary Registration District No.: 8248 B.

File No.:

Registered No.: 289

2. FULL NAME William J. Say.

(a) Residence. No. 5807 Enright Ave., St. Louis, Mo. St. Ward.
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred un yrs. kn mos. own ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male.	White.	Married.

5a. If Married, Widowed, or Divorced: Husband of (or) Wife of Mrs. Daisy P. Say.

6. DATE OF BIRTH (Month, day and year) Aug. 16, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	0	11	

8. OCCUPATION OF DECEASED

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

(b) General nature of industry, business, or establishment in which employed (or employer): Business for himself.

(c) Name of employer: In Business for himself.

9. BIRTHPLACE (City or town): Boston.
(State or country): Massachutes.

PARENTS

10. NAME OF FATHER: William J. Say

11. BIRTHPLACE OF FATHER (City or town): Unavailable.
(State or country): Unavailable.

12. MAIDEN NAME OF MOTHER: Anna Hadley.

13. BIRTHPLACE OF MOTHER (City or town): Unavailable.
(State or country): Unavailable.

14. Informant: J. H. Smith, Clinical Director.
(Address) U.S. Veterans Hospital, Jefferson Barracks, Mo.

15. Filed Aug 27, 1930 L. C. Obrod, Registrar

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (Month, day and year) August 27 1930

17. I HEREBY CERTIFY, That I attended deceased from August 2, 1930, to August 27, 1930, that I last saw h. in alive on August 27, 1930, and that death occurred, on the date stated above, at 10:20 AM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Arterio Sclerosis with Psychosis

97

84

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

118

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

0 DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Physical Clinical & Laboratory findings.

(Signed) W. C. Gibson, Medical Officer In Charge

, 19 (Address) U.S. Veterans Hospital, Jefferson Brks., 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: Mo. Crematory

DATE OF BURIAL: aug-29-1930

20. UNDERTAKER: Alexander Sons.

ADDRESS: 6135 Delmar

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.

PERMANENT RECORD