

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 21 1930

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

Do not use this space.

32146

File No. _____
Registered No. 1126
St. _____ Ward _____

1. PLACE OF DEATH

County Rushman Registration District No. _____

Township _____ Primary Registration District No. 100

City Joseph (No. 319) W. Mo.

2. FULL NAME

(a) Residence No. 319 W. 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

Male

4. COLOR OR RACE

negro

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single

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

Single

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

Sept 20 - 1888

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

44

0

22

8. OCCUPATION OF DECEASED

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

Laborer

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

11

(c) Name of employer

Swift Packing Co.

9. BIRTHPLACE (CITY OR TOWN)

Rushman

(STATE OR COUNTRY)

Mo

10. NAME OF FATHER

Wash Williams

PARENTS

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Rushman

(STATE OR COUNTRY)

Mo

12. MAIDEN NAME OF MOTHER

Alia Smith

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Rushman

(STATE OR COUNTRY)

Mo.

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

Oct 12 1930

17.

I HEREBY CERTIFY, That I attended deceased from June 6, 1930, to Oct 12, 1930, that I last saw him alive on Oct 11, 1930, and that death occurred, on the date stated above, at 12 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Pancreas
Blau

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) J. P. Peyton, M. D.

10/13, 1930 (Address) 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.

14. INFORMANT (Address)

Willis Williams
418 E. Kansas

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

King Hill Cemetery

Oct 13 - 1930

20. UNDERTAKER

ADDRESS

Rauscy Funeral Service

924 Olive

15. FILED

13 1930

John L. W.
REGISTRAR

