

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

Do not use this space.

38623

85

File No. _____
Registered No. 1362
St. _____ Ward _____

JAN 19 1931

1. PLACE OF DEATH
County Buchanan Registration District No. _____
Township _____ Primary Registration District No. 1001
City St. Joseph, (No. Missouri Methodist Hospital) St. _____ Ward _____

2. FULL NAME William H. Churchill,
(a) Residence No. 909 South 10th, St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 2 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed,
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cyntha Churchill,
6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 23, 1867
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
63 7 0 _____

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer,
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Patchgrove,
(STATE OR COUNTRY) Wisconsin,

10. NAME OF FATHER William Churchill,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Canada,
12. MAIDEN NAME OF MOTHER Unknown,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Ireland,

14. INFORMANT Mrs. Eva Hall
(Address) 909 South 10th Street.

15. FILED 1931 19 _____
John G. [Signature]
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 23, 1930
17. I HEREBY CERTIFY, That I attended deceased from St. Joseph
did the autopsy 19. James [Signature] 19. 1930
that I last saw h. alive on 19. 1930, and that death occurred, on the date stated above, at 11:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Heart disease, arteriosclerosis,
secondary arteriosclerosis,
131
450
946
CONTRIBUTORY (SECONDARY) Nephritis, Chronic
(duration) _____ yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? No. DATE OF 12-23-30
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Enlarged heart & sclerotic
arteries
(Signed) [Signature] M. D.
Dec. 19, 30 (Address) 824 Edmond.

*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 Savannah, Mo. via auto DATE OF BURIAL Dec. 27, 1930

20. UNDERTAKER Heaton-Belmont-Baum ADDRESS 318 S. 10 St.

Funeral Home

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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