

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

Do not use this space.

38629

1. PLACE OF DEATH

County..... Buchanan
Township.....
City..... St. Joseph,

Registration District No. 85
Primary Registration District No. 1001
(No. 1217 Lincoln St.)

File No.....
Registered No. 1369
St. Ward)

2. FULL NAME

William Boland Churchill

(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 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 Mary Jane Churchill

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb, 23, 1837

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
93 10 0

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Printer & Sign Painter
(b) General nature of industry, business, or establishment in which employed (or employer) retired 4 yrs.
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelbyville, Ky.

PARENTS
10. NAME OF FATHER John Churchill
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Shelbyville, Ky.
12. MAIDEN NAME OF MOTHER Sarah Perkins
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Shelbyville, Ky.

14. INFORMANT Fulton Y. Churchill
(Address) 1217 Lincoln St.

DEC 26 1930
John G. ... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec, 23, 1930 19

17. I HEREBY CERTIFY, That I attended deceased from December 13, 1930, to December 23, 1930, that I last saw him alive on December 23, 1930, and that death occurred, on the date stated above, at 11.10 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchial Pneumonia

1074
97

CONTRIBUTORY (SECONDARY) Arterio Sclerosis
not facts (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Dr. Joseph M. ... M. D.

12/24/1930 (Address) 1097-76 Joseph St.

*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 Mt. Mora Cemetery DATE OF BURIAL Dec, 26, 1930

20. UNDERTAKER Walter Meierhoffer ADDRESS 1302 Faraon St.

N. B.—Every item of information 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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