

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

Do not use this space.

4167
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File No.
Registered No.
St. Ward)

1. PLACE OF DEATH
98 County Schuyler Registration District No. 803
Township Glendon Primary Registration District No. 4482
City Glendon (No. St. Ward)
2. FULL NAME William Elbert York
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 1, 1873
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 4 18

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 19 1931
17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1931 to Jan 15, 1931 that I last saw him alive on Jan 15, 1931, and that death occurred, on the date stated above, at 1:30 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Edema of Lungs
MI
(duration) yrs. mos. ds.

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

CONTRIBUTORY (SECONDARY) ascites
(duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Davis County
(STATE OR COUNTRY) Iowa

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

10. NAME OF FATHER H. M. York

DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Indiana
(STATE OR COUNTRY)

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) H. K. Johnson, M. D.

12. MAIDEN NAME OF MOTHER Elizabeth A. Ward

(Address) Glendon Mo.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Iowa
(STATE OR COUNTRY)

*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 W. M. York
(Address) Lanesboro Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
Glendon Cemetery Jan 21 1931

15. FILED 1/29 1931 George Kurabo
REGISTRAR

20. UNDERTAKER ADDRESS
John A. Roberts Lanesboro Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be stated EXACTLY. PHYSICIANS should state

1931 FEB 21 1931

