

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

Do not use this space.

13782

1. PLACE OF DEATH

3 County Jackson Registration District No. 314 File No. _____
Township Casper Primary Registration District No. 5429 B Registered No. 6
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME William B. Ghonhant

(a) Residence No. _____ St. _____ Ward _____ (If nonresident, give city or town and State)
(Usual place of abode)
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** w. **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** Married
5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF _____
(or) WIFE OF Phoebe Ghonhant
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 12 - 1847
7. AGE
YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 0 28
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work retired farmer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Greenway, Ga.
(STATE OR COUNTRY) Ga.

10. NAME OF FATHER Burd Ghonhant
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Va.
(STATE OR COUNTRY) _____
12. MAIDEN NAME OF MOTHER Anna J. Ayers
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Va.
(STATE OR COUNTRY) _____

14. INFORMANT Mrs Phoebe Ghonhant
(Address) Stansbury Mo

15. FILED 4/14 1931 Chas Bernhart
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr - 13 1931
17. HEREBY CERTIFY, That I attended deceased from Jan 10 1931, to Apr 13 1931
that I last saw him alive on Apr 12 1931, and that death occurred, on the date stated above, at 1.00 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Induratio
qvt (duration) 2 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 92 U (duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
20. WAS THERE AN AUTOPSY? _____
WHAT TEST CONFIRMED DIAGNOSIS? _____
(Signed) J. C. Simpson, M.D.
, 19 _____ (Address) Stansbury 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 High Ridge Cemetery **DATE OF BURIAL** 4-14 1931

20. UNDERTAKER Chas Bernhart **ADDRESS** Stansbury Mo

MAY 23 1931

Dr - S - E. Simpson