

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.

JUL 22 1931

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

Do not use this space.

20642

1. PLACE OF DEATH

County Buchanan  
Township  
City St Joseph

Registration District No. 85  
Primary Registration District No. 1001

File No. \_\_\_\_\_  
Registered No. 658 (Ward)

2. FULL NAME

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. DeKalb Mo.  
(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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 5 1873  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
57 9 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm  
10. Date deceased last worked at this occupation (month and year) June 1931 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Kansas

13. NAME William Garton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Indiana

15. MAIDEN NAME Julia May

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Indiana

17. INFORMANT W. C. Garton (ADDRESS) DeKalb Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE DeKalb Mo DATE June 25 1931

19. UNDERTAKER Flanagan Funeral Home (ADDRESS) 1946 Cadogan St

20. FILED JUN 25 1931 John R Bender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23 1931

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_. I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 11:25 PM.

The principal cause of death and related causes of importance were as follows:

Injuries from fire  
arms  
self inflicted 167

Other contributory causes of importance: 167 NOTE

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide suicide Date of injury 6/23 1931

Where did injury occur DeKalb Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home  
Manner of injury pistol shot  
Nature of injury Bullet entered Brain

24. Was disease or injury in any way related to occupation of deceased? If so, specify \_\_\_\_\_ (Signed) B. W. Tammock Cooney, M. D.  
(Address) 821 Persimmon

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