

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

Do not use this space.

24596

**1. PLACE OF DEATH**

County Cooper  
Township \_\_\_\_\_  
City Boonville (No. Cooper County Home St. \_\_\_\_\_ Ward)

Registration District No. 218  
Primary Registration District No. 3015

File No. 77  
Registered No. 218

**2. FULL NAME**

William Piatt

(a) Residence No. \_\_\_\_\_ SL, \_\_\_\_\_ 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  
4. COLOR OR RACE  
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Male White Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 26, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
70 5 23

**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) Berkeley, Mo.  
(STATE OR COUNTRY)

10. NAME OF FATHER Gas. Piatt

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

12. MAIDEN NAME OF MOTHER Tubartha Morgan

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

14. INFORMANT Gas. Piatt  
(Address) Fayette, Mo.

15. FILED 7/20 1931 Ja. Russell REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 19, 1931

17. I HEREBY CERTIFY, That I attended deceased from June 30 1931, to July 18 1931, and that I last saw him alive on July 18, 1931, and that death occurred, on the date stated above, at 4:00 P. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Ulcer of lower bowel probably malignant  
46C 103B (duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED Home

IF NOT AT PLACE OF DEATH \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical  
(Signed) Lee J. Trust M. D.

(Address) Boonville, 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 Pilot Grove Cem DATE OF BURIAL July 21, 1931

20. UNDERTAKER Schultzky & McCoary ADDRESS Boonville, Mo.

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.

WHITE PLAIN, WITH UNFADING INK—THIS IS A PERMANENT RECORD

AUG 25 1931

