

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

SEP 24 1931

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

Do not use this space.

28788

1. PLACE OF DEATH

County Macon
Township Laplata Mo
City Laplata Mo

Registration District No. 532
Primary Registration District No. 4318

File No.
Registered No. 21 St. Ward)

2. FULL NAME

William Grant Rector

(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 <u>M</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lizzie A. Rector</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 7-1864</u>		
7. AGE	YEARS <u>67</u>	MONTHS <u>0</u>
	DAYS <u>6</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Minister</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>McChurch</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation <u>29</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Clay Co Indiana</u>	
FATHER	13. NAME <u>William H Rector</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clay Co Indiana</u>	
MOTHER	15. MAIDEN NAME <u>Martha Fisk</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>	
17. INFORMANT (ADDRESS)	<u>W J Christopher</u> <u>Springfield Mo</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE	<u>Lee Summit</u>	DATE <u>Aug 16</u> 19 <u>31</u>
19. UNDERTAKER (ADDRESS)	<u>D. J. Christie</u> <u>Laplata Mo</u>	
20. FILED	<u>Aug 15</u> 19 <u>31</u>	<u>C. H. Buxey</u> Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 13 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1 1930, to Aug. 13 1931

I last saw him alive on Aug 13 1931. Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:
Fernicious Anemia,
Chronic Brights Disease &c
131
71A/31

Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Laboratory an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) C. H. Buxey M. D.
(Address) Laplata Mo.

