

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Raw
City St. Marys Hosp (No. St. Marys Hosp)

Registration District No. 330
Primary Registration District No. 160

File No. 37679
Registered No. 4546 St. 1 Ward

2. FULL NAME

William Read
(a) Residence, No. Eldorado spr, Mo St. X Ward. (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 M 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Viola Read
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-26-1858
7. AGE YEARS 73 MONTHS 0 DAYS 15 If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

FATHER
13. NAME High Read

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

MOTHER
15. MAIDEN NAME No Record

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

17. INFORMANT Viola Read (ADDRESS) 2506 - East 14, St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mo. Memorial DATE Nov, 14-1931

19. UNDERTAKER Mrs. C. L. Foster (ADDRESS) 1918 Brooklyn, av

20. FILED 12-19-31 M. M. Orville Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov-11-1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1931, to Nov 11, 1931

I last saw him alive on Nov 11, 1931. Death is said to have occurred on the date stated above, at 8:00 P. m.

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

Myocardial Degeneration Date of onset Nov 1, 31
131
936 / 131
708

Other contributory causes of importance:
Chronic Myocarditis
Chronic Central Nervous System
Adhesive Pericarditis Unknown

Name of operation none Date of

What test confirmed diagnosis? Physiologic Was there an autopsy? yes

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) J. E. Coasters, M. D.
(Address) 722 Angelle St.

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 PLAINLY, WITH UNIFORMITY, THIS TO

Argyle - #2-5037

620 W Dartmouth Rd

Jr-4027

V2-7134