

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

Do not use this space.

4763

**1. PLACE OF DEATH**

County Jackson Registration District No. \_\_\_\_\_  
 Township Kennett Primary Registration District No. \_\_\_\_\_  
 City Kennett, Mo. (No. 4200 East 9th St.)

File No. \_\_\_\_\_  
 Registered No. 624  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

William H. Townsend  
 (a) Residence, No. 200 - E - 9th St., 9 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>Male</u>	4. COLOR OR RACE <u>Wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Susan Townsend</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 30 - 1850</u>		
7. AGE	YEARS <u>82</u>	MONTHS <u>00</u>
	DAYS <u>13</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>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>self</u>	
	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) <u>Ky.</u>		
FATHER	13. NAME <u>William Townsend</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky.</u>	
MOTHER	15. MAIDEN NAME <u>Mary Ann Tull</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky.</u>	
17. INFORMANT <u>Mary G. Orin</u> (ADDRESS) <u>4200 East 9th</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>W.A. Washington</u> DATE <u>Feb 15 1932</u>		
19. UNDERTAKER <u>Wm. C. L. Foster</u> (ADDRESS) <u>918 Brooklyn K.C. Mo</u>		
20. FILED <u>7/15</u> 19 <u>32</u> <u>Wm. C. L. Foster</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb - 13 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar. 20, 1931, to Feb 13, 1932  
 I last saw him alive on Feb 11, 1932 Death is said to have occurred on the date stated above, at 9:00 PM.  
 The principal cause of death and related causes of importance were as follows:  
Respiratory failure  
Old age (cerebral softening)  
 Date of onset \_\_\_\_\_

Other contributory causes of importance:  
None

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? Cholera Was there 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) W. M. C. Foster, M. D.  
 (Address) 520 Park Bldg.

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.

RESERVED FOR BINDING

Professional - Hd - 6523  
4205 College Wa - 6040