

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

Do not use this space.

5171

1. PLACE OF DEATH
 50 County Jefferson Registration District No. 420 File No. _____
 2 Township Waller Primary Registration District No. 3077 Registered No. 15
 7 City Osato (No. _____) St. _____ Ward _____

2. FULL NAME William Franklin Doss
 (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. 3 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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sallie McFarland

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 20/1853

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
78 5 60

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Stockman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

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) St. Genevieve Co. 1 Mo.

13. NAME Peter Doss

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky 2

15. MAIDEN NAME Margaret Kaufman

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

17. INFORMANT (ADDRESS) Mrs. E. G. Cook Osato Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hamington Mo. DATE 4/20/1932

19. UNDERTAKER (ADDRESS) Donald B. Deetrich Osato Mo.

20. FILED 421 1932 E. L. Pappeler Registrar.

MEDICAL CERTIFICATE OF DEATH

3 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 14, 1932, to Feb. 20, 1932
 I last saw him alive on Feb. 16, 1932 Death is said to have occurred on the date stated above, at 7:00 p.m.
 The principal cause of death and related causes of importance were as follows:
Chronic Interstitial nephritis.
mitral Regurgitation of heart
of senescence.

Other contributory causes of importance:
mitral Regurgitation of heart
of senescence.

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? _____ 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) Walter Gibson J. M. D.
 (Address) Osato, 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.

MAR 23 1932

