

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

Do not use this space.

8487

1. PLACE OF DEATH

County Jackson
Township Wau
City Kansas City, Mo.

Registration District No. 399
Primary Registration District No. 34

File No. 1008
Registered No. 1008
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. William Joseph Normile Ward _____
(Usual place of abode) Purcell, Mo.

(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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 21, 1908

7. AGE YEARS 23 MONTHS 9 DAYS 23 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Driver for a company

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 104

10. Date deceased last worked at this occupation (month and year) 10/20/32 11. Total time (years) spent in this occupation 18 mos

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Purcell, Mo.

MOTHER, FATHER 13. NAME William Normile

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wilmington, Ireland

15. MAIDEN NAME Kathryn Bonker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wilmington, Ireland

17. INFORMANT (ADDRESS) J.P. Gormley, Norton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Purcell, Mo. DATE March 5, 1932

19. UNDERTAKER (ADDRESS) Rudolph + Gormley, Norton, Mo.

20. FILED 3/14, 1932 M. M. Crowe Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-14-32

22. I HEREBY CERTIFY, That I attended deceased from 11-15-31, to 3-14-32, 1932

I last saw him alive on 3-14-32, 1932. Death is said to have occurred on the date stated above, at 8:20 p.m.

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

acute suppurative appendicitis
121 B
125 B
abscess of liver
ALSCSS
Date of onset _____

Other contributory causes of importance: _____

Name of operation appendectomy Date of 11-15-31
What test confirmed diagnosis? culture 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.P. Gormley M.D.
(Address) 14 D. Argyle Bldg. K.C., Mo.

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.

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