

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

Do not use this space.

15462

**1. PLACE OF DEATH**

14 County Callaway Registration District No. 104  
Township Fulton Primary Registration District No. 5153  
City (No. ) St. Ward

File No. \_\_\_\_\_  
Registered No. 109 St. Ward

**2. FULL NAME**

William Samuel Gurrant

(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 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 Lottie  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4/25 1859  
7. AGE 73 YEARS MONTHS I DAYS I If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
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) VA. (STATE OR COUNTRY) 2

13. NAME William Samuel Gurrant 4

14. BIRTHPLACE (CITY OR TOWN) VA. (STATE OR COUNTRY) 5

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (CITY OR TOWN) Dont Know (STATE OR COUNTRY) 31

17. INFORMANT Mrs. W.S. Gurrant (ADDRESS) R.F.D. Fulton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hillcrest Cemetry DATE 5.27 32,19

19. UNDERTAKER Herndon Taylor (ADDRESS) Fulton Mo.

20. FILED 57 28 19. 32 R. N. Crews Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/26 32 19

22. I HEREBY CERTIFY, That I attended deceased from May 25, th, 1932, May 25th, 19  
I last saw im alive on May 25th, 1932 Death is said to have occurred on the date stated above, at 4.30A m.

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

Cardiac insufficiency, endocarditis. Following rheumatism. hypertention. Date of onset Several years standing

Other contributory causes of importance: Arteriosclerosis. 92 B

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? P. E. Was there an autopsy? N

23. If death was due to external cause (violence), fill in also the following: Accident, suicide, or homicide? 0 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) Frederic Robert Call M. D.  
(Address) Fulton 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.

MAY 21 1932

