

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

Do not use this space.

18527

1. PLACE OF DEATH
 County W. Butler Registration District No. 896
 Township Frank Primary Registration District No. 6199
 City (No.) St. Ward

2. FULL NAME William Story
 (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

MEDICAL CERTIFICATE OF DEATH

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 Martha Story

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 4, 1846

| | | | | |
|--------|-----------|-----------|-----------|----------------------------------|
| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
| | <u>85</u> | <u>11</u> | <u>28</u> | |

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) (STATE OR COUNTRY) Canada 5

MOTHER FATHER

13. NAME Richard Story

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland 8

15. MAIDEN NAME Ernesta Miller

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

17. INFORMANT J. A. Story
 (ADDRESS) Marshallfield Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Epworth DATE May 4 1932

19. UNDERTAKER H. G. McMahon
 (ADDRESS) Marshallfield Mo

20. FILED May 31, 1932 J. R. Bruce
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1932 to May 2, 1932
 I last saw him alive on May 2, 1932 Death is said to have occurred on the date stated above, at 7:20 P.M.
 The principal cause of death and related causes of importance were as follows:
 Date of onset

Cancer of stomach Edgewise
46B 46B

Other contributory causes of importance:
Apoplexy (7)

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) A. E. Todd, D.C. M.D.
 (Address) Marshallfield, Mo

