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.

JUN 21 1932

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

Do not use this space.

18787

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 623

City St. Joseph, (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME William Droz,

(a) Residence, No. (Usual place of abode) St., Ward. Wathena, Kansas, (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 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): Divorced,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary Droz,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 30, 1887

7. AGE: Years 44, Months 7, Days 26. If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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.: Farm,

10. Date deceased last worked at this occupation (month and year): June 1932

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Doniphan County, Kansas,

FATHER

13. NAME: Phillip Droz,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Fairfield, Iowa,

MOTHER

15. MAIDEN NAME: Julia Theriet

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Saint Louis, Missouri,

17. INFORMANT (ADDRESS): Mrs Phillip Droz Wathena, Kansas.

18. BURIAL, CREMATION, OR REMOVAL: Wathena, Ks.

PLACE Belmont Cem. DATE June 27, 1932

19. UNDERTAKER (ADDRESS): Heaton - Bigelow & Bowman 319 S. 10th. St. Funeral Home

20. FILED JUN 27 1932 John R. Benders Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1932, to June 26, 1932

I last saw him alive on June 25, 1932. Death is said to have occurred on the date stated above, at 4:30 a.m.

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

Pulmonary Tuberculosis — Date of onset June 1931

① 23

Other contributory causes of importance:

Unknown

Name of operation: None — Date of: ✓

What test confirmed diagnosis? Today — 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) [signature], M. D.

(Address) Phys & Surgr Bldg