

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.

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

Do not use this space.

19360

1. PLACE OF DEATH

46 County Howell
11 Township
4 City West Plains (No. , Ward)

Registration District No. 384

Primary Registration District No. 4727

File No. 50

Registered No. ,

St. , Ward)

2. FULL NAME

William Henry Christine
(a) Residence, No. Bakersfield Rt. St. , Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 Mary Manhart

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 26, 1861

7. AGE YEARS 71 MONTHS 3 DAYS 7 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. Own Farm

10. Date deceased last worked at this occupation (month and year) March 15, 1932 11. Total time (years) spent in this occupation 65

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stemrock, Penn.

13. NAME Will. W. Christine

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

15. MAIDEN NAME Eliza Hushey

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

17. INFORMANT Mrs. W. H. Christine (ADDRESS) West Plains, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Homeland DATE June 5, 1932

19. UNDERTAKER Hal Thompson (ADDRESS) West Plains, Mo.

20. FILED 6-4-32 O. P. Kewich Registrar.

3 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from May 3rd, 1932, to May 11, 1932

I last saw him alive on May 11, 1932. Death is said to have occurred on the date stated above, at 11:45 P.M.

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

Aortic insufficiency Date of onset 92 A
71 B
16 C

Other contributory causes of importance: Arteriosclerotic degeneration

Name of operation None Date of None

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? , 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?

If so, specify

(Signed) R. H. Sparks, M. D.

(Address) West Plains, Mo.

