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.

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

Do not use this space.

21790

JUN 27

1. PLACE OF DEATH

111 County Wayne — Registration District No. 891 — File No.

Township Benton — Primary Registration District No. ~~4340~~ 6191 — Registered No. 13

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME William F Ezell

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

Length of residence in city or town where death occurred ALL 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 (~~[illegible]~~): MARCROT EZELL

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): MAY 2 1869

7. AGE: YEARS 63 — MONTHS 1 — DAYS 2 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 1
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): Kentucky 2

FATHER

13. NAME: Timothy Ezell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky.

MOTHER

15. MAIDEN NAME: DK
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): DK 31

17. INFORMANT (ADDRESS): John A. Montgomery, Piedmont

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Montgomery Cemetery DATE: June 5, 1932

19. UNDERTAKER (ADDRESS): Yale Undertaking Co, Piedmont

20. FILED 6/6, 1932 T. C. Piles M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from 5/28, 1932, to June 4, 1932
I last saw him alive on 5/28, 1932. Death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:

Hemiplegia — Date of onset

82 II

82 D

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Phys. Diag. 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) T. C. Piles, M. D.
(Address) Piedmont, Mo.