

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

Do not use this space.

25439

1. PLACE OF DEATH
 County Buchanan Registration District No. 85
 Township St. Joseph Primary Registration District No. 122
 City St. Joseph (No. Mo. Med. Hosp.) St. Ward

2. FULL NAME George William
 (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 <u>Male</u>	4. COLOR OR RACE <u>Wht</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Do Not Know</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Do Not Know</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>about 1863</u>		
7. AGE YEARS <u>about 69 yrs.</u>	MONTHS <u> </u>	DAYS <u> </u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Blacksmith</u>		If LESS than 1 day, hrs. or min. <u>24</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>		11. Total time (years) spent in this occupation <u>3 1/2</u>
10. Date deceased last worked at this occupation (month and year) <u> </u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Do Not Know</u>		
13. NAME <u>Do Not Know</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Do Not Know</u>		
15. MAIDEN NAME <u>Do Not Know</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Do Not Know</u>		
17. INFORMANT (ADDRESS) <u>Chelford Board</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>City Camp</u> DATE <u>8-15-32</u>		
19. UNDERTAKER (ADDRESS) <u>Kingley - Maury, 1st St. St. Joseph, Mo.</u>		
20. FILED <u>8-15-32</u> 19 <u>32</u> <u>John R. Binder</u> Registrar		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 12 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1932, to Aug 12, 1932
 I last saw him alive on Aug 12, 1932 Death is said to have occurred on the date stated above at 4:30 P.M.
 The principal cause of death and related causes of importance were as follows:
Cardiac (two)
13 1/2 1A
15 1A
13 1A
 (Date of onset)
 Other contributory causes of importance:
Auto excitation
Chronic Nephritis

Name of operation 4.5 Excision of Date of Aug 9 - 32
 What test confirmed diagnosis? Spec. Culture Was there an autopsy? Yes

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) J. P. Elam, M. D.
 (Address) St. Joseph, 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.

SEP 21 1932

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