

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

Do not use this space.

31854

**1. PLACE OF DEATH**

32 County DeKalb  
4 Township Stewartville  
City Stewartville Mo (No. \_\_\_\_\_)

Registration District No. 261  
Primary Registration District No. 4160

File No. \_\_\_\_\_  
Registered No. 9  
St. 32 Ward \_\_\_\_\_

**2. FULL NAME**

William C Binstead  
(a) Residence, No. \_\_\_\_\_ St. 32 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? 32 yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ana Binstead

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-18-1859

7. AGE YEARS 72 MONTHS 11 DAYS 0 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 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) Stewartville Missouri

13. NAME Emmial C Binstead

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

15. MAIDEN NAME Ana Hawkins

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

17. INFORMANT Mrs. Wm C Binstead (ADDRESS) Stewartville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Stewartville Mo DATE Oct 20 1932

19. UNDERTAKER E. G. Lyons (ADDRESS) Stewartville Mo

20. FILED Oct 20 1932 E. G. Lyons Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 18<sup>th</sup> 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 18 1932 to Oct 18 1932

I last saw him alive on Oct 18 1932 Death is said

to have occurred on the date stated above, at 9:30 a.m.

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

Accident Date of onset Oct 18 1932

1861

1941

Other contributory causes of importance: None

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury Oct 18, 1932

Where did injury occur? fell from ladder striking head (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. at his home while painting

Manner of injury traumatism causing

Nature of injury an aneurism at base of brain

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) E. G. Lyons, M. D.

(Address) Stewartville Mo

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.

NOV 2 3 1932

WRITE PLAINLY, WITH WRITING INSTRUMENTS IS A PERMANENT RECORD

