

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

Do not use this space.

38179

1. PLACE OF DEATH

13 County North Registration District No. 99345 File No. _____
 2 Township Plattsburgh Primary Registration District No. _____ Registered No. 24
 2 City Monticello (No. _____) St. _____ Ward _____

2. FULL NAME William Andrew Rankin

(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 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>m</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Nittie Rankin</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 30, 1850</u>		
7. AGE	YEARS <u>81</u>	MONTHS <u>11</u>
	DAYS <u>27</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farmer</u>	
	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) <u>1915</u>	
	11. Total time (years) spent in this occupation <u>1</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u> <u>Virginia</u>		
FATHER	13. NAME <u>Thomas Rankin</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u> <u>Virginia</u>	
MOTHER	15. MAIDEN NAME <u>Walt Whigham</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Doyle, Missouri</u>	
17. INFORMANT (ADDRESS) <u>Harry G. Rankin</u> <u>Kathfield, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wheeler Chapel</u> DATE <u>Nov. 29, 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Frank C. Dunfee</u> <u>Franklin, Mo.</u>		
20. FILED <u>11-28-32</u> <u>John C. Leathers</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 2, 1932 to Nov 27, 1932

I last saw him alive on Nov 26, 1932 Death is said to have occurred on the date stated above, at _____ m.

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

Endocarditis
with mitral regurgitation

Date of onset _____

Other contributory causes of importance:
PPH

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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. Ross, M. D.
 (Address) Franklin, 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.

JAN 5 1933

