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.

JAN 21 1933

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

Do not use this space.

38545

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 1263

City St. Joseph Missouri (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME William David Means

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

Length of residence in city or town where death occurred yrs. mos. 7 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: Nancy E Means

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): August 20, 1851

7. AGE: YEARS 81 — MONTHS 3 — DAYS 29 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

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.: 122A

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation: 122B

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Buchanan County Missouri

FATHER

13. NAME: William Means

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Kentucky

MOTHER

15. MAIDEN NAME: Elvira McWilliams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Kentucky

17. INFORMANT (ADDRESS): Mrs Nancy Means Faucett Missouri

18. BURIAL, ~~CREMATION, OR REMOVAL~~

PLACE Faucett Mo. DATE Dec. 21 1932

19. UNDERTAKER (ADDRESS): W. O. Sidenfoden 1802 Union st St Joseph Mo.

20. FILED 12-20, 1932 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

6

21. DATE OF DEATH (MONTH, DAY, AND YEAR): December 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1932, to Dec 19, 1932

I last saw him alive on Dec 19, 1932. Death is said to have occurred on the date stated above, at 12:30P m.

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

Date of onset

Toxemia following intestinal obstruction from strangulated femoral hernia

122A

Other contributory causes of importance:

Senility arteria sclerosis

1

Name of operation Hermeorraphy intestinal repair Date of Dec 12-32

What test confirmed diagnosis? operation 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) H. K. Wallace, M. D.

(Address) 301 N 8 St Joseph Mo.