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

Do not use this space.

5468

File No. 1

Registered No.

40 County Grundy

Township Jackson

Registration District No. 332

Primary Registration District No. 5463

City — (No. , St. Ward)

2. FULL NAME Wm B Avery

(a) Residence, No. 1 mile N R 7 W St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 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 ~~(OR) WIFE OF~~: Mary Jane Avery

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jany 28, 1872

7. AGE: Years 61 | Months — | Days 7 | If LESS than 1 day, hrs. or min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Farm

10. Date deceased last worked at this occupation (month and year): February 3, 1933

11. Total time (years) spent in this occupation: 61

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Joseph County Indiana

FATHER

13. NAME: Samuel Wright Avery

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penna

MOTHER

15. MAIDEN NAME: Catherine J Wilcox

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York

17. INFORMANT (ADDRESS): Mary Jane Avery

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

PLACE Lost Creek DATE February 6th, 1933

19. UNDERTAKER (ADDRESS): Alvin Funkhouser Lenox Iowa

20. FILED Feb 20, 1933 Mamie Riddle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 5 — 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 5 — 1933 to Feb 5 — 1933

I last saw h alive on Feb 5 1933 Death is said to have occurred on the date stated above, at 9a m.

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

	Date of onset
Influenza	1-12-33
Pneumonia	
Cancer of Gall Bladder	
Gall Stones	
Cholecystitis	
Cardiac Dilatation	1-12-33
Malnutrition	
Other contributory causes of importance: Arteriosclerosis	

None

Name of operation: None 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? 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) , M. D.

(Address) Brentau, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MAR 28 1933