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

Do not use this space.
32874

1. PLACE OF DEATH
County: Howard
Township:
City: Fayette. (No. , St. Ward)
Registration District No. 378
Primary Registration District No. 4222
File No.
Registered No. 71

2. FULL NAME: William Warren Innes.

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

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Helen Innes.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2/3/1883

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
50	8	16	

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.
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) Missouri

FATHER
13. NAME John Innes.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland.

MOTHER
15. MAIDEN NAME Grace Grant.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland.

17. INFORMANT Mrs Grace Innes.
(ADDRESS)
18. BURIAL, CREMATION, OR REMOVAL
PLACE Walnut Ridge. DATE 10/21/33, 19
19. UNDERTAKER Guy T. Halley.
(ADDRESS) Fayette. Mo.
20. FILED 11-2, 1933 V. Q. Bonham
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/19/33, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 12. 1932, 19, to Oct. 19 33, 19
I last saw him alive on Oct. 19, 1933. Death is said to have occurred on the date stated above, at 2:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer Dec. 4th 1932	
Lymphatic Leukemia	

Other contributory causes of importance:
Anemia

Name of operation — Date of
What test confirmed diagnosis? Path. Test, 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) T. C. Richards, M. D.
(Address) Fayette 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

NOV 10 1933