

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

Do not use this space.

33472

1. PLACE OF DEATH

50
2
7

County Jefferson
Township Jefferson
City Desoto (No.)

Registration District No. H 250
Primary Registration District No. 3022

File No.
Registered No. 84 St. Ward)

2. FULL NAME

William Thomas Husley

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 Amanda A. Husley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 16 - 1859

7. AGE YEARS 74 MONTHS 7 DAYS 4 If LESS than 1 day, hrs. or min.

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

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) Hematite, Missouri

13. NAME James Husley

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Arch Husley Desoto Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Ware DATE Oct 22, 1933

19. UNDERTAKER (ADDRESS) Donnell B. Dretsch Desoto Mo

20. FILED 10/21 1933 B. Berggely Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 20 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 19, 1933 to Oct - 20, 1933
I last saw him alive on Oct - 19, 1933 Death is said to have occurred on the date stated above, at 12:30 pm.

The principal cause of death and related causes of importance were as follows:
Tuberculosis of Lungs not known

Other contributory causes of importance: 23A

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? 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 Health Gibson, M. D.
(Signed) Health Gibson, M. D.
(Address) Desoto, Mo

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.

NOV 10 1933

