

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

Do not use this space.

36280-A

1. PLACE OF DEATH

County Greene
Township Greene
City _____ (No. _____) _____ St. _____ Ward _____

Registration District No. 328
Primary Registration District No. 5462

File No. _____
Registered No. _____

2. FULL NAME

William P. Dean
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (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 Harriet Dean

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 4, 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
63 11 12

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

13. NAME Joseph Dean

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

15. MAIDEN NAME Don't know

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

17. INFORMANT Ronald Dean
(ADDRESS) London Mo

18. BURIAL, CREMATION, OR REMOVAL PLACES South Evans DATE Nov 19 1933

19. UNDERTAKER Pepper Funeral Home
(ADDRESS) Greene Mo

20. FILED 3-8 194 Therese D. Faw
Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr 1, 1933, to Nov 16, 1933

I last saw him alive on 11-15, 1933. Death is said to have occurred on the date stated above, at 3:30 P.M.

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

Valvular Heart Disease Date of onset 4-1-33
131
924
131
Other contributory causes of importance:
Chronic Interstitial Nephritis with dropsy South Mo

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical 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 Dr. Reaks
(Signed) _____, M. D.
(Address) London 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.

