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.

FEB 27 1934

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

Do not use this space.

3557

File No. .....
Registered No. 148 10

1. PLACE OF DEATH
County: Saline
Township: .....
City: Marshall, Mo (No. ..... St. ..... Ward)
Registration District No. 796
Primary Registration District No. 2038

2. FULL NAME: William Rafferty
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Unknown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 26, 1874
7. AGE: Years 59 Months 5 Days 26 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Hotel Clerk
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): San Francisco California

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): W. M. Halloran, Marshall, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Ridgeview DATE: Jan 31, 1934
19. UNDERTAKER (ADDRESS): J. L. Sweeney, Marshall Mo.
20. FILED: 1/30/1934 W. Lee Hazlett, Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 29, 1934
22. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1934, to Jan 29, 1934, I last saw him alive on Jan 28, 1934. Death is said to have occurred on the date stated above, at 2 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	1931
938	

Other contributory causes of importance: .....
Name of operation: 0 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? No Date of injury 0, 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. Simmons, M. D.
(Address) Marshall Mo.