

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

Do not use this space.

9337

4-1. PLACE OF DEATH  
 County Gasper Registration District No. 409  
 Township Gosh Primary Registration District No. 4242  
 City Paris St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME William Samuel Eller  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) Near 10<sup>th</sup> Duquesne (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 <u>M</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 29, 1881</u>		
7. AGE	YEARS <u>52</u>	MONTHS <u>5</u>
	DAYS <u>4</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>carpenter</u>	
	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) <u>Gosh, Mo.</u>		
FATHER	13. NAME <u>W. S. Eller</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>	
MOTHER	15. MAIDEN NAME <u>Sarena Jackson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>	
17. INFORMANT (ADDRESS) <u>Sarena Eller Gosh, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Forest Park</u> DATE <u>3-6-34</u>		
19. UNDERTAKER (ADDRESS) <u>Hurling and Co Gosh, Mo.</u>		
20. FILED <u>3-5-1934</u> <u>W. R. Raddin</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-4-34, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1934 to Mar 2, 1934.  
 I last saw him alive on Mar 2, 1934. Death is said to have occurred on the date stated above, at 7:40 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Thrombosis - to Brain  
Gosh  
 Other contributory causes of importance:  
82

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?  
 If so, specify \_\_\_\_\_  
 (Signed) D. E. W. Weygant M.D.  
 (Address) 719 1/2 W. Prof. Peoples

Date of onset  
3 yrs  
ago

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.

