

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

Do not use this space.

MAY 25 1934

1. PLACE OF DEATH

County Barroll Registration District No. 137
Township Harcourt Primary Registration District No. 5795
City (No. _____) St. _____ Ward _____

File No. 12159
Registered No. 4

2. FULL NAME William T Singleton

(a) Residence, No. 4 mi W Hale mo 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

MEDICAL CERTIFICATE OF DEATH

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

21- DATE OF DEATH (MONTH, DAY, AND YEAR) April 17 1934

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bles Singleton

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1934, to April 17, 1934

I last saw him alive on April 16, 1934. Death is said to have occurred on the date stated above, at 10 A. m.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 28 1853

7. AGE YEARS 71 MONTHS _____ DAYS 19 If LESS than 1 day, _____ hrs. or _____ min.

Heart decomposition Date of onset _____

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

Other contributory causes of importance: influenza

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) Barroll Co Mo

13. NAME Merrett Singleton

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

15. MAIDEN NAME Jane Halpin

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

17. INFORMANT Mrs Bles Singleton (ADDRESS) Hale mo R 2

18. BURIAL, CREMATION, OR REMOVAL PLACE Wheeling DATE 4-18, 1934

19. UNDERTAKER F. B. Norman (ADDRESS) Chillicothe mo.

20. FILED 4-17, 1934 W. P. [Signature] Registrar.

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 _____ (Signed) B. J. [Signature], M. D.
(Address) Chillicothe, mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

