

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

Do not use this space.

1. PLACE OF DEATH

County Boone Registration District No. 73
 Township Primary Registration District No. 3006
 City Columbia (No. Boone Co. Hospital) St. Ward

File No. 15752
 Registered No. 134

2. FULL NAME

William Mary Fortney
 (a) Residence, No. R 4 St. Ward

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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Mourning Fortney

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 19-1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 8 12

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

13. NAME Mary Fortney

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) (Boone Co. Mo.)

15. MAIDEN NAME Roxy Ann Berry

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co., Mo.

17. INFORMANT Luther Cunningham (ADDRESS) 300 S. Main St., Columbia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fortney Cem DATE June 2nd 1934

19. UNDERTAKER P. O. Willett (ADDRESS) Columbia, Mo.

20. FILED 6/2/34 1934 Allie Selby Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 13, 1934, to May 31, 1934

I last saw him alive on May 31, 1929. Death is said to have occurred on the date stated above, at 11 A.M.

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

Uremia
had been in declining health for 2 yrs or more
Blood urea 166
Indus test trace - 1/30/34
 Other contributory causes of importance:
hypertrophy of prostate, benign
 Date of onset Aug 13

Name of operation none Date of
 What test confirmed diagnosis? 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) A. W. Karupachuk, M. D.
 (Address) Columbia, 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.

JUN 20 1934

Karupachuk

