

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

Do not use this space.

21464

1. PLACE OF DEATH
 County Pattis Bowling Green Registration District No. 670
 Township Baldwin Primary Registration District No. 5893
 City Bonanza (No. R.F.D. # 2) St. _____ Ward _____

2. FULL NAME William C. Closser
 (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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 27 - 1848

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>86</u>		<u>3</u>	<u>3</u>	

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) Beaumont MO

13. NAME Jessie Closser

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Beaumont MO

15. MAIDEN NAME Nancy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Beaumont MO

17. INFORMANT Jess Closser

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Oliver Branch DATE July 2 1937

19. UNDERTAKER (ADDRESS) Thelma's Funeral Home
Beaumont MO

20. FILED Aug 7, 1937 Flossie Ferguson
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30 1937

22. I HEREBY CERTIFY, that I attended deceased from July 1937 to _____, 19____.

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 5:30 P.M.

The principal cause of death and related causes of importance were as follows:
Carcinoma of
Liver -
Abc

Date of onset _____

Other contributory causes of importance: None

Name of operation _____ 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? _____
 If so, specify _____

(Signed) W. C. Closser, M. D.
 (Address) Beaumont

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.

AUG 21 1937

