

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

Do not use this space.

File No. **24266**

1. PLACE OF DEATH

County Holt Registration District No. 371
 Township Clay Primary Registration District No. 4212
 City Maitland (No.) St. Ward)

2. FULL NAME

William George Southwell

(a) Residence, No. St. Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Anna Southwell</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 1865</u>		
7. AGE <u>69</u>	YEARS <u>4</u>	MONTHS <u>3</u>
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>Jacksonville Ill</u>		
13. NAME <u>William Southwell</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>		
15. MAIDEN NAME <u>Ann Hill</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>		
17. INFORMANT <u>W. W. Southwell</u> (ADDRESS) <u>Blanchards Falls Oregon</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>S. P. Maitland</u> DATE <u>July 11, 1934</u>		
19. UNDERTAKER <u>Cornwall Funeral Home</u> (ADDRESS) <u>Maitland, Mo.</u>		
20. FILED, 19		

MEDICAL CERTIFICATE OF DEATH

1 DATE OF DEATH (MONTH, DAY, AND YEAR) July 9, 1934

22. I HEREBY CERTIFY that I attended deceased from June 16, 1934, to July 9, 1934.
 I last saw him alive on July 8, 1934. Death is said to have occurred on the date stated above, at 11:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus Date of onset unknown

Other contributory causes of importance: 59

Name of operation

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) Red Williams, M. D.
 (Address) Maitland, Mo.

Registrar.

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 24 1934

WHILE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD



#2 Holt,

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

WASHINGTON

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: William George Southwell
Who died at Midland, Mo on July - 9 - 1934
Residence: No. Washington St. town
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years 40 Months _____ Days _____
Sex M Color or race W ~~Single, married, widowed or divorced:~~ _____

Date of birth Mar-6-1865 Age: Years 69 Months 4 Days 3

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carpenter, contractor

Date deceased last worked at this occupation: Month May-1- Year 1934
Birthplace (State or country) Jacksonville, Ill.
Birthplace of father (State or country) Ill.
Birthplace of mother (State or country) Ill.
Principal cause of death: Diabetes + Milliter

Other contributory causes of importance 59
Name of operation Date of _____
What test confirmed diagnosis? _____ Was there an autopsy?
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 _____
Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
Name of physician _____
Address of physician _____

Signature of Registrar Spurion, G. Kelly XDate filed July-10-1934

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,
Reg. Dist. No. 371
Primary Reg. Dist. No. 4217
E. T. McGaugh, M.D.
Special Agent.

24266