

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 14 1934

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

Do not use this space.

25515

1. PLACE OF DEATH

County Marion
Township Union
City Philadelphus (No. _____ St. _____ Ward)

Registration District No. 549
Primary Registration District No. 5742

File No. 9
Registered No. _____

2. FULL NAME

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

Length of residence in city or town where death occurred 68 yrs. 6 mos. 6 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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or wife of) Dora Nell and Leatherman

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 19, 1866

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. or min. 68 6 6

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

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, months, days) spent in this occupation all his life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelbyville, Ky.

13. NAME William Wallace

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

15. MAIDEN NAME Elyza Turner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelby, Ky.

17. INFORMANT (ADDRESS) Bert Beaman, Philadelphus, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethany DATE 7/27-34

19. UNDERTAKER (ADDRESS) John C. Whead, Palmyra, Mo.

20. FILED July 27, 1934 Mrs. C.F. Tipton, Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25, 1934

22. I HEREBY CERTIFY, that I attended deceased from _____, 19____, 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:

Heat Prostration
112 191
Other contributory causes of importance: Arthra + Heart

Name of operation none 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? no Date of injury none 19____

Where did injury occur? Marion Co. Union Township
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Public Place (County Road)
Nature of injury fractured skull on road

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) Carl E. Shugart, M.D.

(Address) Hannibal, Mo.

Coroner, Marion Co., Mo.

