NOV 19 1934

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

Do not use this space.

File No. 35117

Registered No.

1. PLACE OF DEATH
County: Atchison
Registration District No.: 19
Primary Registration District No.: 4013
Township:
City: Rock Port. (No. ..., St. ..., Ward)

2. FULL NAME: William Lee Preston

(a) Residence, No. ..., St., ..., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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): ✓

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 7-19-1934

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	3	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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): Tarkio Mo

FATHER
13. NAME: Wm I Preston
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kirkwille Mo

MOTHER
15. MAIDEN NAME: Hazel Sparks
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tarkio Mo

17. INFORMANT (ADDRESS): Elbert S. Williams Rock Port. Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Prairie Hill DATE: 10-25 1934

19. UNDERTAKER (ADDRESS): Bert Bartholomew Rock Port. Mo

20. FILED: Sept 25 1934 Mary G Chamberlain Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10-24, 1934

22. I HEREBY CERTIFY, That I attended deceased ~~from~~ Oct. 24, 1934, to ..., 19...
I last saw him alive on Oct 24, 1934 Death is said to have occurred on the date stated above, at 6:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Convulsions that came on and suddenly without warning and tho the cause was not determined it was apparently due to	

Other contributory causes of importance: natural causes

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? No
If so, specify
(Signed) Chas. G. Stille, M. D.
(Address) Rock Port. Mo

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.