

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

Do not use this space.

NOV 20 1934

**1. PLACE OF DEATH**

County Missouri  
Township Long Plains  
City St. Louis (No. \_\_\_\_\_)

Registration District No. 576  
Primary Registration District No. 5764

File No. 386709  
Registered No. 152  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

William Henry Traynor

(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 M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 1933

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
Year 1 1 1

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

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) Bertrand, Mo.

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

15. MAIDEN NAME Etha Traynor

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Port Arthur, Texas

17. INFORMANT (ADDRESS) Hermon Elliott, Bertrand, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove DATE Oct 30 34

19. UNDERTAKER (ADDRESS) Frank Craig, Charleston, Mo.

20. FILED Nov 17 1934 P. J. Vernon Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 29 1934 7 P.M.

22. I HEREBY CERTIFY, That I attended deceased from Oct 26 34 to Oct 29 1934

I last saw him alive on Oct 29 1934 Death is said to have occurred on the date stated above, at 7:00 P.M.

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

Broncho pneumonia Date of onset D.K.

(Primary) 10/29

Other contributory causes of importance: Unknown

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? Ce. Sputum 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 L. Chas. Polewing, M. D.

(Signed) Charleston, Mo. (Address) \_\_\_\_\_

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PLACE OF DEATH is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

