

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

Do not use this space.

NOV 22 1934

1. PLACE OF DEATH

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County Nodaway
 Township Independence
 City (No., St. Ward)

Registration District No. 626
 Primary Registration District No. 5828

File No. 36847
 Registered No.

2. FULL NAME William Killion

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

6. MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Ann Killion.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 13, 1847.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
87. 3 14.

OCCUPATION 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) Illinois.
 (STATE OR COUNTRY)

FATHER 13. NAME Albert Killion.

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

MOTHER 15. MAIDEN NAME Anna Taylor.

16. BIRTHPLACE (CITY OR TOWN) Illinois.
 (STATE OR COUNTRY)

17. INFORMANT Mrs. Anna Killion.
 (ADDRESS) Parnell Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Gaynor City. DATE Oct. 29 1934

19. UNDERTAKER Price Fur. Co.
 (ADDRESS) Maryville Mo.

20. FILED Oct. 29, 1934 Chas. E. Campbell
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 1932 to Oct 27 1934

I last saw him alive on Oct 25, 1934. Death is said to have occurred on the date stated above, at 11 P.M.

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

chronic nephritis Date of onset 1921
131
1934
 Other contributory causes of importance: Enlarged Prostat

Name of operation 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? Date of injury
 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) Egbert Crowson, M. D.
 (Address) Parnell 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.

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