

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.

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

Do not use this space.

JAN 21 1935

41969

1. PLACE OF DEATH

County Boone

Registration District No. 73

Township Columbia

Primary Registration District No. 3006

City Columbia (No. _____ St. _____ Ward _____)

File No. _____

Registered No. 308

2. FULL NAME

William Sommer

(a) Residence, No. 1618 Windsor 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 6 1848

7. AGE YEARS 86 MONTHS 3 DAYS 16 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cobbler 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) Alsas Sarane

13. NAME Dont know

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

15. MAIDEN NAME Dont know

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

17. INFORMANT (ADDRESS) William Arrandale 1618 Windsor St, Columbia MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Streator Hills DATE Dec 24 1934

19. UNDERTAKER (ADDRESS) R. O. Willett Columbia

20. FILED 12/22/1934 Allie Selby Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 22 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 22, 1934, to Dec 22, 1934 I last saw him alive on Dec 22, 1934 Death is said to have occurred on the date stated above, at 2:40 P.M. The principal cause of death and related causes of importance were as follows:

Apoplexy
Arteriosclerosis
cardiac thrombosis
anoxia
Date of onset _____

Other contributory causes of importance: _____
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 _____, 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) W. L. Insouary, M.D.
(Address) Columbia Mo.

