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

JUN 19 1935

Do not use this space.

15901

File No.
Registered No.

1. PLACE OF DEATH
County: Clay
Township: ~~Fishing River~~
City: Excelsior Springs, Mo. (No. Vets. Adm. Facility St. 3d Ward)
Registration District No.: 196
Primary Registration District No.: 3011

24 2 4

2. FULL NAME: MACE, William A.J.
(a) Residence, No.: Vets Adm. Facility St., Ward.
(Usual place of abode) Excelsior Springs, Mo.
Niangua, Missouri (If nonresident, give city or town and State)
Length of residence in city or town where death occurred: 0 yrs. 0 mos. 15 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*): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (~~OR WIFE OF~~): Lillie Mace

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 11-21-1889

7. AGE: Years 45 | Months 6 | Days 4 | If LESS than 1 day, ... hrs. or ..... min.

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.: Unknown
10. Date deceased last worked at this occupation (month and year): Unknown
11. Total time (years) spent in this occupation: Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wright County, Missouri

FATHER
13. NAME: Louis Mace (deceased)
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

MOTHER
15. MAIDEN NAME: Mary Jane McKeel
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): North Carolina

17. INFORMANT (ADDRESS): Hospital Records

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Niangua, Mo. DATE: 5-25-35, 19

19. UNDERTAKER (ADDRESS): Herbert Hope, Excelsior Springs, Mo.

20. FILED: 5-29, 1935. Mrs. Rea McCracken, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 25, 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1935, 19, to May 25, 1935, 19
I last saw him alive on May 25, 1935, 19. Death is said to have occurred on the date stated above, at 9:32AM.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, chr. Pulmonary active	

Other contributory causes of importance: Tuberculous laryngitis

Name of operation: -- Date of: --
What test confirmed diagnosis: Exam & Obs 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: --

(Signed) H. O. HARDEGREE, M.D., Clinical Director
(Address) Vets. Adm. Facility
Excelsior Springs, Mo.