

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

FEB 19 1936

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

Do not use this space.

Dr. Williams
948

1. PLACE OF DEATH

County Greene Registration District No. 318
Township Amphibyl Precinct Registration District No. 2001
City Amphibyl (No. 100) (No. 100) St. Amphibyl Ward

File No. _____
Registered No. 59

2. FULL NAME

(a) Residence, No. 1318 St. Amphibyl 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 5, 1880

7. AGE 54 YEARS MONTHS 1 DAYS 17 If LESS than 1 day, _____ hrs. or _____ min.

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

MOTHER FATHER 13. NAME James Haster

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

MOTHER 15. MAIDEN NAME Lucy McQueen

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

17. INFORMANT (ADDRESS) Amphibyl

18. BURIAL, CREMATION, OR REMOVAL PLACE St Mary DATE 1/24/36

19. UNDERTAKER (ADDRESS) John H. Hume

20. FILED 1-23-36 1936 Ralph W Langston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 22 1936

22. I HEREBY CERTIFY That I attended deceased from Sept 2 1935 to Jan 22 1936

I last saw him alive on Jan 21 1936 Death is said to have occurred on the date stated above, at 1:45 p.m.

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

Aplastic Anemia July 1935
Date of onset
Other contributory causes of importance: None

Name of operation None Date of _____
What test confirmed diagnosis? Blod 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
Specify _____
(Signed) John H. Williams M. D.
(Address) 923 North Main Ave

