

FEB 17 1937

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

Do not use this space.

1970

1. PLACE OF DEATH

County LACLEDE
Township LEBANON
City..... (No. 2)

Registration District No. 449
Primary Registration District No. 4267

File No.....
Registered No.....
St. Ward.....

2. FULL NAME WILLIAM A STREET

(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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Bell Trinkle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 1 - 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
60 3 1

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. CARPENTER

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 29

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Laclede Mo.

13. NAME William H. Street

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

15. MAIDEN NAME Francis M. Whitney

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Carolina

17. INFORMANT (ADDRESS) Mrs. H. M. Dillworth Lebanon Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lebanon DATE 1-4, 1937

19. UNDERTAKER (ADDRESS) Palmeri Lebanon

20. FILED 1-4, 1937 J. A. M. Comb Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from 19....., to..... 19.....

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 4 P. m.

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

Gun shot wound in left breast just under left nipple

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? suicide Date of injury....., 19.....
Where did injury occur? Laclede Co Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury shot self with shot gun
Nature of injury wound in left chest.

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) S. P. Palmer (Coroner) M. B.
(Address) Lebanon Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

