MAR 23 1937

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

Do not use this space.

1. PLACE OF DEATH
County: Marion
Township: ~~Liberty~~
City: Palmyra
Registration District No. 548
Primary Registration District No. 4323
File No. 7230
Registered No. 6
(No. ..... St. ..... Ward)

2. FULL NAME: William Elmore Terrill
(a) Residence, No. Palmyra, Mo. St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 33 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: Lutie Menefee Terrill

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 18, 1855

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
81	2	27	

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.: School Teacher
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): Pliladelphia, Mo.

FATHER
13. NAME: Hiram Terrill
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentuckey

MOTHER
15. MAIDEN NAME: Jane Kincade
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No record

17. INFORMANT (ADDRESS): Mattie Terrill, Palmyra Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Plilladelphia, Mo. DATE: 2-7-37, 19

19. UNDERTAKER (ADDRESS): Lewis Brad, Palmyra, Mo.

20. FILED: Feb 7, 1937 Gertrude Lee, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feby 1st 1937 to Feby 5, 1937
I last saw him alive on Feby 5, 1937. Death is said to have occurred on the date stated above, at 5:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis	

Other contributory causes of importance: 97

Name of operation: none Date of
What test confirmed diagnosis? Clinical 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
If so, specify
(Signed) Dr. W. C. Oneal M. D.
(Address) Palmyra 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.