

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.

MAY 17 1937

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

Do not use this space.

15603

1. PLACE OF DEATH

5 County Barry
Township Capps Creek
City (No.) St. Ward

Registration District No. 30
Primary Registration District No. 5041

File No.
Registered No. 16

2. FULL NAME

William Oscar Auntry
(a) Residence, No. Pierce City, 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 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Alice Auntry
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 18 1875
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 2 23

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

FATHER 13. NAME Archie C. Auntry

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

MOTHER 15. MAIDEN NAME Sarah Shaw

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

17. INFORMANT Mrs Alice Auntry (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Pierce City, Mo. DATE April 17, 1937

19. UNDERTAKER Metcal D. Hiemey (ADDRESS)

20. FILED 4-12-37 W. M. West Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 11, 1937
22. I HEREBY CERTIFY, That I attended deceased from April 11, 1937, to April 11, 1937
I last saw him alive on April 11, 1937. Death is said to have occurred on the date stated above, at 10 P. M.
The principal cause of death and related causes of importance were as follows:
Angine Pectoris Date of onset 4-11

Other contributory causes of importance: 940
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? Yes

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) E. B. Wright, M. D.
(Address) Pierce City, Mo.

