

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

Do not use this space.

JUL 27 1937

1. PLACE OF DEATH
 20 County Cedar Registration District No. 163
 Township Cedar Primary Registration District No. 5232
 City (No. _____) St. _____ Ward _____
 2. FULL NAME William R. Messick
 (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.

File No. 23421
 Registered No. 41

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 Dolly Messick
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-16-1870
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
66 9 27
 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.
 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) Terre
 MOTHER 13. NAME George H. Messick
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Terre
 15. MAIDEN NAME Dorcas A. Lusk
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Terre
 17. INFORMANT (ADDRESS) Edw. G. Springs Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Tammore Chapel DATE 6-15- 1937
 19. UNDERTAKER (ADDRESS) Geo. W. Silvers
 20. FILED 6-14- 1937 J. W. Dawson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June-13- 1937
 22. I HEREBY CERTIFY, that I attended deceased from May 1937, to June 13, 1937.
 I last saw him alive on June 13, 1937. 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:
Pertinent following ruptured appendix Date of onset _____
 Other contributory causes of importance inoperable
 Name of operation None Date of _____
 What test confirmed diagnosis Physical 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 1
 24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____ (Signed) H. H. Smell, M. D.
 (Address) Rockton Mo

