JUL 29 1937

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

Do not use this space.

1. PLACE OF DEATH
County Lafayette
Township
City Corder, Mo. (No. , St. Ward)
Registration District No. 460
Primary Registration District No. 4272
File No. 24106
Registered No.

2. FULL NAME Wm. H. Dean
(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) Married.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fannie W. Dean
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June-20-1853
7. AGE YEARS 83 MONTHS 11- DAYS 1 If LESS than 1 day, hrs. or min.

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.
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) Lander County Va.

FATHER
13. NAME John W. Dean
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lander County Va.

MOTHER
15. MAIDEN NAME Sarah Skinner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

17. INFORMANT (ADDRESS) Edna Dean Corder, MO.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Corder DATE 5-23-1937
19. UNDERTAKER (ADDRESS) Halfer Meinushagen Higginsville, Mo.
20. FILED Jan 31, 1937 Tiffany Webb Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May- 21-1937
22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1936, to May 21, 1937
I last saw him alive on May 21, 1937 Death is said to have occurred on the date stated above, at 5P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral arteriosis Sclerosis	
Other contributory causes of importance:	
Acute Pyelonephritis	5-14-37

133a

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? 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) A. D. Johnston, M. D.
(Address) Corder, Mo

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