

JUL 31 1937

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

Do not use this space.

24463

1. PLACE OF DEATH

County Oregon Registration District No. 636
Township Wista Primary Registration District No. 5840
City Wiederuss (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Wiederuss 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 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Wedowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mattie Billis</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 20 1904</u>		
7. AGE	YEARS <u>32</u>	MONTHS <u>11</u>
	DAYS <u>6</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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) <u>Tenn</u>		
FATHER	13. NAME <u>N.D</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>N.D</u>	
MOTHER	15. MAIDEN NAME <u>N.D.</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>N.D</u>	
17. INFORMANT <u>W.E. Pettis</u> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL <u>Same</u> PLACE <u>Wiederuss MO</u> DATE <u>6/26</u> 19 <u>37</u>		
19. UNDERTAKER <u>J.R. Simpson</u> (ADDRESS) <u>Wiederuss MO</u>		
20. FILED <u>67/26</u> 19 <u>37</u> <u>Conoch Bailey</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-26-1937

22. I HEREBY CERTIFY, That I attended deceased from 6-23-, 1937, to 6-26-, 1937
I last saw him alive on 6-23-, 1937. Death is said to have occurred on the date stated above, at 1:30 m.
The principal cause of death and related causes of importance were as follows:
Acute Walden disease by a cow injurying chest
Date of onset 6-23

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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?
If so, specify _____
(Signed) W.P. Eudy, M. D.
(Address) Wiederuss, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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File No. _____
Registered No. 24

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