

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

Do not use this space.

SEP 25 1937

1. PLACE OF DEATH
 County St. Louis Registration District No. 785 File No. 31716
 Township Brookline Primary Registration District No. 6031 Registered No. 118
 City Manchester (No. Manchester Nursing Home) St. _____ Ward _____

2. FULL NAME William C. Terry
 (a) Residence, No. 5217 Neosho 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 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 Martha J. Terry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 25 / 1875

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>62</u>	<u>62</u>	<u>7</u>	<u>9</u>	<u>5</u>

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Collector for

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. St. Louis Dairy Co.

10. Date deceased last worked at this occupation (month and year) 5 weeks 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER FATHER

13. NAME George Terry

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

15. MAIDEN NAME Mary Anderson

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

17. INFORMANT (ADDRESS) Martha J. Terry
5217 Neosho St.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Funeral Home DATE 9-1-37

19. UNDERTAKER (ADDRESS) Brookhaven Mortuaries
4228 So. Highways

20. FILED 9-1- 1937 Agnes Kelly Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 30 / 1937

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1937, to Aug 30, 1937
 I last saw him alive on Aug 29, 1937. Death is said to have occurred on the date stated above, at 11 A. m.
 The principal cause of death and related causes of importance were as follows:
Cerebral apoplexy
Arterio-sclerosis
 Other contributory causes of importance:
Cystitis

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. C. Mether, M. D.
 (Address) 3720 Washington

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.

J. D. Mather
Barnum and Bldg
No 12-2