

SEP 27 1937

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

Do not use this space.

1. PLACE OF DEATH

County Nevada  
Township Washington  
City Nevada (No. ....)

Registration District No. 875  
Primary Registration District No. 6162

File No. 32084  
Registered No. 233 St. .... Ward)

2. FULL NAME William H. Means

(a) Residence, No. State Hosp #3 St. .... Ward.

Length of residence in city or town where death occurred 3 yrs. 2 mos. 5 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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-7-07

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
29 3 4

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm  
10. Date deceased last worked at this occupation (month and year) 9 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln, Nebraska

13. NAME A. B. Means

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

15. MAIDEN NAME DK

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

17. INFORMANT (ADDRESS) Recor Room, Hosp #3 Nevada mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Clinton, Mo DATE Sept 9, 1937

19. UNDERTAKER (ADDRESS) Ferry - Nevada Nevada mo

20. FILED Sept 8, 1937 Allen Hays Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-3-1937

22. I HEREBY CERTIFY, That I attended deceased from 6-1-1937 to 9-3-1937

I last saw him alive on 9-3-1937 Death is said to have occurred on the date stated above, at 10:00 p.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tbc. Date of onset ?

Other contributory causes of importance:

Name of operation 22 Date of 22  
What test confirmed diagnosis? X-ray 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 1  
Nature of injury 1

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify Russell H. Patten M. D.  
(Signed) State Hosp #3, Nevada  
(Address)

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.

