

NOV 19 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Morgan
 Township Morgan
 City Versailles (No. _____)

Registration District No. 598
 Primary Registration District No. 4355

File No. 38308
 Registered No. 38 St. _____ Ward _____

2. FULL NAME

(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 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 Ethel L. Jones

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-8-1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
64 9 5

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

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) Morgan County, Mo. (STATE OR COUNTRY)

13. NAME John A. Willson

14. BIRTHPLACE (CITY OR TOWN) Morgan County, Mo. (STATE OR COUNTRY)

15. MAIDEN NAME Armenda E. Reed

16. BIRTHPLACE (CITY OR TOWN) Morgan County, Mo. (STATE OR COUNTRY)

17. INFORMANT Mrs. E. C. Willson (ADDRESS) Versailles, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Versailles, Mo. DATE Oct 15, 1937

19. UNDERTAKER W. F. Kidwell (ADDRESS) Versailles, Mo.

20. FILED Oct 14, 1937 W. H. Hubert Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1932 to Oct 13, 1937

I last saw him alive on Oct 12, 1937. Death is said

to have occurred on the date stated above, at 9 A. m.

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

Arterial sclerosis

Date of onset

unknown

Other contributory causes of importance:

Chronic interstitial nephritis

Name of operation none Date of _____

What test confirmed diagnosis? Clinical 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. J. Guernsey, M. D.

(Address) Versailles, Mo.

