

DEC 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County Carroll
Township Egypt
City Norborne (No. _____)

Registration District No. 138
Primary Registration District No. 4078

File No. 40920
Registered No. 06
St. _____ Ward _____

2. FULL NAME William B Dearing

(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 12 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 Hattie Dearing

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 3, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
13 74 1 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Doctor M.D.
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) Nov. 1, 1937 11. Total time (years) spent in this occupation 4 5/8

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montau, Mo.13. NAME R. W. Dearing14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montau, Mo.15. MAIDEN NAME Mary Fulcher16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montau, Mo.17. INFORMANT (ADDRESS) Mrs W. A. Dearing Norborne, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Jamestown, Mo. DATE Dec. 3, 193719. UNDERTAKER (ADDRESS) W. T. Stroud Norborne, Mo.20. FILED Dec. 2, 1937 B. C. Cole Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 1st, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 27, 1937, to Dec 1st, 1937. I last saw him alive on Dec 1st, 1937. Death is said to have occurred on the date stated above, at 9:40 a.m.

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

angina pectoris
Date of onset 11-21-37

Other contributory causes of importance:
Robotic spells 1935

Name of operation Date of What test confirmed diagnosis? B. C. Cole Was there an autopsy? No23. 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? NoIf so, specify (Signed) B. C. Cole, M. D.(Address) Norborne, Mo.

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CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

JUN 12 1946