

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

Do not use this space.

27

3174

1. PLACE OF DEATH
 50 County Jefferson Registration District No. 421 File No. _____
 Township Joachim Primary Registration District No. 5375 Registered No. 2
 City Herculaneum (No. _____) St. _____ Ward _____

2. FULL NAME William Arthur Revelle 140
 (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

MEDICAL CERTIFICATE OF DEATH

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 Bertha Revelle
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec., 16th., 1886
 7. AGE YEARS 51 MONTHS 1 DAYS 7 IF LESS than 1 day, hrs. or min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 23, 1938
 22. HEREBY CERTIFY That I attended deceased from January 22, 1938, to January 23, 1938
 last saw him alive on January 23, 1938. Death is said to have occurred on the date stated above, 11:30 a. m.

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

Cerebral Hemorrhage Date of onset Jan 22
Stroke

Other contributory causes of importance:
Heart & Blood pressure

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lead Smelter
 10. Date deceased last worked at this occupation (month and year) JAN. 22., 1938 11. Total time (years) spent in this occupation _____

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

FATHER 12. BIRTHPLACE (CITY OR TOWN) Fredricktown 0
 (STATE OR COUNTRY) Missouri
 13. NAME William Revelle
 14. BIRTHPLACE (CITY OR TOWN) Fredricktown 0
 (STATE OR COUNTRY) Missouri
 MOTHER 15. MAIDEN NAME Anna Scaggs
 16. BIRTHPLACE (CITY OR TOWN) Fredricktown
 (STATE OR COUNTRY) Missouri

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.

17. INFORMANT E. J. Revelle
 (ADDRESS) Herculaneum Mo.
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Herculaneum Mo. DATE 1/25/38 19____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Dr. O. E. Lindsey, M. D.

19. UNDERTAKER Duegter - Vinyard
 (ADDRESS) Pestus Mo.
 20. FILED 1/28, 1938 J. E. Rutledge
 Registrar. 382

(Address) Herculaneum Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

FEB 25 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH