REC'D APR 14 1938

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan
Township
City St. Joseph (No. St. Joseph Hospital St. Ward)

Registration District No. 85
Primary Registration District No. 1001

File No. 10234
Registered No. 373

2. FULL NAME William H. Despain 215
(a) Residence, No. 1022 Doniphan St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred Life 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 Emma J. Despain

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mch 22 1865

7. AGE: 73 YEARS | MONTHS: 0 | DAYS: 8 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. W. P. A. Laborer
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) 1937 Dec
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph Mo 6

FATHER
13. NAME Buck DeSpain
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 7

MOTHER
15. MAIDEN NAME June Milburn
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph Mo 6

17. INFORMANT (ADDRESS) Emma J Despain 1022 Doniphan

18. BURIAL, CREMATION, OR REMOVAL Despain Cem DATE April 2 1938

19. UNDERTAKER (ADDRESS) Barry Wyche 218 So 10

20. FILED 3/31 1938 H J Nettebush Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mch 30 38, 19

22. I HEREBY CERTIFY, That I attended deceased from March 25 th, 1938, to March 30, 1938
I last saw him alive on March 30, 1938. Death is said to have occurred on the date stated above, at 6.45 p.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Prostatic Hypertrophy obstruction	
Chronic Pyelonephritis	
Uraemia	

Other contributory causes of importance: 137-

Name of operation Cystotomy Date of 4 yrs ago
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) J J Bausbach, M. D.
(Address) St Joseph Mo

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.