

REC'D APR 19 1938

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

Do not use this space.

1. PLACE OF DEATH

County... ClayTownship... PlatteCity... SmithvilleRegistration District No. 203Primary Registration District No. 4122File No. 10476Registered No. 7

St. _____ Ward _____

2. FULL NAME William R. Veatch320

(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

Married21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 17, 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(Or wife of)Phrena Phillips

22. I HEREBY CERTIFY, That I attended deceased from

Jan 2, 1938 to 3/17, 1938I last saw him alive on 3/17/38 Death is said

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

Apr. 24, 1863

7. AGE

YEARS

74

MONTHS

10

DAYS

21

If LESS than 1

day, _____ hrs.
or _____ min.

to have occurred on the date stated above, at _____

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

Cerebral hemorrhage
fracture of skull
hypertension
arteriosclerosis
hypertrophic arteriosclerosis
hypertensive heart disease
hypertensive nephritis
hypertensive retinopathy
hypertensive encephalopathy
hypertensive meningitis
hypertensive myelopathy
hypertensive neuritis
hypertensive neuropathy
hypertensive osteopathy
hypertensive rheumatism
hypertensive arthritis
hypertensive gout
hypertensive diabetes
hypertensive hypertension
hypertensive hypotension
hypertensive hyperkalemia
hypertensive hypokalemia
hypertensive hypernatremia
hypertensive hyponatremia
hypertensive hypercalcemia
hypertensive hypocalcemia
hypertensive hyperphosphatemia
hypertensive hypophosphatemia
hypertensive hypermagnesemia
hypertensive hypomagnesemia
hypertensive hyperzincemia
hypertensive hypozincemia
hypertensive hypercopperemia
hypertensive hypocopperemia
hypertensive hypermanganeseemia
hypertensive hypomanganeseemia
hypertensive hypernickelemia
hypertensive hyponickelemia
hypertensive hypercobaltemia
hypertensive hypocobaltemia
hypertensive hypermolybdenemia
hypertensive hypomolybdenemia
hypertensive hypervanadiumemia
hypertensive hypovanadiumemia
hypertensive hyperchromiumemia
hypertensive hypochromiumemia
hypertensive hypermanganeseemia
hypertensive hypomanganeseemia
hypertensive hypernickelemia
hypertensive hyponickelemia
hypertensive hypercobaltemia
hypertensive hypocobaltemia
hypertensive hypermolybdenemia
hypertensive hypomolybdenemia
hypertensive hypervanadiumemia
hypertensive hypovanadiumemia
hypertensive hyperchromiumemia
hypertensive hypochromiumemia

Date of onset

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Blacksmith

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Osawatomie, Kan.

(STATE OR COUNTRY)

13. NAME Hanson Veatch14. BIRTHPLACE (CITY OR TOWN) Virginia

(STATE OR COUNTRY)

15. MAIDEN NAME Matilda Schafer16. BIRTHPLACE (CITY OR TOWN) Ohio

(STATE OR COUNTRY)

17. INFORMANT Mrs J.H. Jenkins(ADDRESS) 3302 Bales Kansas City, Mo.

18. BURIAL, CREMATION, OR INTERMENT

PLACE Smithville, Mo DATE March 20, 193819. UNDERTAKER McComas Mortuary(ADDRESS) Smithville, Missouri20. FILED 3-19-1938 E. C. Hill

Registrar.

Other contributory causes of importance:

Acute poison

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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 _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) E. C. HillM. D. Smithville, Mo

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FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

10476
Do not use this space.

1. PLACE OF DEATH
 (a) County Clay Registration District No. 203
 (b) Township _____ Primary Registration District No. 4122
 (c) City Smithville (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William R. Beach
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>74</u>	<u>10</u>	<u>21</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as 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), (STATE OR COUNTRY) _____

FATHER
 13. NAME _____
 14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) _____

MOTHER
 15. MAIDEN NAME _____
 16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19

19. FUNERAL DIRECTOR (ADDRESS) _____

20. FILED 3/19 1938 E. C. Hill
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 17 1938

22. I HEREBY CERTIFY, That I attended deceased from _____ 19____ to _____ 19____
 I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of face
Left Ramus of Inferior Maxillary.
Septic Poison
45

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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 _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) E. C. Hill, M. D.
 (Address) Smithville mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
 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.

THIS IS A PERMANENT RECORD

