

REC'D JUN 16 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS,
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Callaway
Township Fulton
City Fulton (No.)Registration District No. 104
Primary Registration District No. 3009File No. 17892
Registered No. 114
St. Ward

2. FULL NAME

William A. Criswell 624
(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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 16, 18657. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 5 19OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) etc
11. Total time (years) spent in this occupation. etc12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MissouriFATHER 13. NAME Albert W. Criswell14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MissouriMOTHER 15. MAIDEN NAME Mary F. Holt16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri17. INFORMANT Bettie Shelby Guthrie, Jr
(ADDRESS)18. BURIAL, CREMATION, OR REMOVAL PLACE Guthrie, Mo. DATE May 8, 193819. UNDERTAKER Leg. J. Wallace
(ADDRESS) Fulton, Mo.20. FILED May 7, 1938 T. V. Crews
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/5, 193822. I HEREBY CERTIFY, That I attended deceased from 2/7, 1938, to 5/5, 1938I last saw h. i. a. alive on 5/5, 1938 Death is said to have occurred on the date stated above, at 9:30 a.m.

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

Carcinoma of stomach with perforation + peritonitis
Date of onset several yearsOther contributory causes of importance: 46.8°
Submaxillary Embolus 5/5/38Name of operation Laparotomy Date of 4/28/38What test confirmed diagnosis? operation 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 injury24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Henry D. Dunt, M. D.(Address) 610 Cent., Fulton, Mo.

