Dr. Williams

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

REC'D AUG 24 1938 3

Do not use this space. 25390

1. PLACE OF DEATH
(a) County Greene 1 — Registration District No. 318
(b) Township N. Campbell — Primary Registration District No. 5439 — Registered No. 603
(c) City Springfield — (d) Street No. Route No. 11. 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.

3/4

2. PRINT FULL NAME William H. Magill
(a) Residence, No. Missouri Transit Camp St. ☐ Mo Transient Camp
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 19, 1853

7. AGE: Years 85 — Months 4 — Days 11 — If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Unemployed
9. Industry or business in which work was done, as saw mill, bank, etc. packer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Havana (STATE OR COUNTRY) Illinois 1

FATHER
13. NAME Unknown 9
14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) 9

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

17. INFORMANT Transit Camp Record (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hazelwood DATE Aug 1 1938

19. FUNERAL DIRECTOR (NAME) Herman Lohmeyer (ADDRESS) Springfield

20. FILED July 1, 1938 Chas A George M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1935, to July 30, 1938, That saw him alive on July 30, 1938. Death is said to have occurred on the date stated above, at 5 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Don't know when illness began	
He came to Transient Camp sick	
July 8 - 1935	

Other contributory causes of importance: 97
Age

Name of operation None 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? No 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 None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Calvin Williams, M. D.
(Address) Springfield Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

This Body was not embalmed, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.