

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

31699
 Do not use this space.

REC'D OCT 18 1938

1. PLACE OF DEATH
 (a) County Boone Registration District No. 75
 (b) Township Parola Primary Registration District No. 5114 Registered No. _____
 (c) City Harrisburg (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (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 DUDLEY SOUTH
 (a) Residence, No. HARRISBURG ROUTE I 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 MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY 15 1854

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
84	2	5	

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. RETIRED FARMER
 10. Date deceased last worked at this occupation (month and year) _____
 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEPT 20th 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-3, 1930, to Sept 19, 1938.
 I last saw him alive on Sept 19, 1938. Death is said to have occurred on the date stated above, at 7:30 A.M.
 The principal cause of death and related causes of importance were as follows:

Mitral regurgitation
 Date of onset 1929

Other contributory causes of importance:
Paralysis

Name of operation _____ Date of 1938
 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) W. Gullett, M. D.
 (Address) Harrisburg Mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) BOONE COUNTY

FATHER
 13. NAME WM B. SOUTH
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISSOURI

MOTHER
 15. MAIDEN NAME SUSAN STONE
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISSOURI

17. INFORMANT MRS ELVIRA SOUTH
 (ADDRESS) HARRISBURG

18. BURIAL, CREMATION, OR REMOVAL PLACE BETHLEHAM CEM DATE SEPT 21 1938

19. FUNERAL DIRECTOR R. O. WILLETT
 (ADDRESS) Columbia Mo.

20. FILED 10-10 1938 Mrs H. Gullett Local Registrar

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.

828

STATEMENT BY LICENSED EMBALMER

Sydney H. Sprinkle, Licensed Embalmer No. *4013*
hereby certify that the body recorded on the reverse side of this certificate was embalmed by *Antenual & Co.*

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed *Sydney H. Sprinkle*
Licensed Embalmer No. *4013*

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

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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CERTIFICATE OF DEATH

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1. PLACE OF DEATH

(a) County Boone Registration District No. 75
 (b) Township Perche Primary Registration District No. 314
 (c) City _____ (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 Dudley South
 (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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 20, 1938

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

22. I HEREBY CERTIFY, That I attended deceased from 19__ to _____, 19__

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

I last saw h. _____ alive on _____, 19__ Death is said to have occurred on the date stated above, at _____ m.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min. 84 2 5

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

OCCUPATION 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 _____

m. Death Regurgitation Date of onset _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

Other contributory causes of importance: Paralysis
Cerebral Hemorrhage

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 10-10, 1938

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) H. Bullett, M. D.
 (Address) Harrisburg Mo.

Local Registrar.

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
 CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

