

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

Do not use this space.

653 JUN 24 1939  
726

3

85

18043

1. PLACE OF DEATH

County Buchanan  
Township Washington  
City St Joseph Mo (No. State Hospital #2)

Registration District No. 1001

File No. 482

Primary Registration District No. State Hospital #2

Registered No. 482

2. FULL NAME

William Hersh  
(a) Residence, No. St Joseph, Mo. Route 5 Ward.           
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 9 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 Elizabeth Hersh

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) (unk) 1871

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
68      -      -

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)          11. Total time (years) spent in this occupation         

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

13. NAME George Hersh

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Agency mo.

15. MAIDEN NAME Minnie McWilliams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Records of Hospital #2

18. BURIAL, CREMATION, OR REMOVAL agency mo.  
PLACE Agency Cemetery DATE May 8 1939

19. UNDERTAKER (ADDRESS) W.A. Sullivan  
Sawyer, mo.

20. FILED 78 1939 R. G. Nestle  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6 1939

22. I HEREBY CERTIFY, That I attended deceased from April 27, 1939, to May 6, 1939  
I last saw him alive on May 6, 1939 Death is said to have occurred on the date stated above, at 10:30 p.m.  
The principal cause of death and related causes of importance were as follows:

General Arteriosclerosis 1939  
Chronic myocarditis 1939  
Other contributory causes of importance:         

Name of operation none Date of           
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? no Date of injury         , 19           
Where did injury occur? none  
(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) A. E. Miller M.D. M. D.  
(Address) State Hospital #2  
St Joseph, mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

2025-2-18-36  
I 27284

I - H. A. Sullins swear that the body  
described on the reverse side of this paper  
was embalmed by me. (License number 1738) Mo.

H. A. Sullins