

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

Do not use this space.

19003

IN 27 1929

1. PLACE OF DEATH

County Cathlamet  
Township Sedalia  
City Sedalia (No. \_\_\_\_\_)

Registration District No. 668  
Primary Registration District No. 3032

File No. \_\_\_\_\_  
Registered No. 161  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

William Avery

(a) Residence. No. 209 of Montague 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 col 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 15 1911

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
18 25

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work X  
(b) General nature of industry, business, or establishment in which employed (or employer) X  
(c) Name of employer X

9. BIRTHPLACE (CITY OR TOWN) Clinton Mo  
(STATE OR COUNTRY)

10. NAME OF FATHER Floyd Avery

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Clinton Mo  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Angelia Collins

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Clinton Mo  
(STATE OR COUNTRY)

14. INFORMANT Angelia Collins  
(Address) Sedalia

15. FILED 5-11-1929 J. S. Love REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 10 1929

17. I HEREBY CERTIFY, That I attended deceased from 5/8/29 to 5/9/29, 19\_\_\_\_, that I last saw him alive on 5/9/29, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Pulmonary Tuberculosis  
23A about 8 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) none given (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH Hutchinson, Kans.

19. DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS Test for same  
(Signed) J. F. Brooks, M. D.

5/11/29 (Address) Sedalia, Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Hudson Mo DATE OF BURIAL May 13 1929

20. UNDERTAKER F. H. Ferguson ADDRESS Sedalia

CAUSE OF DEATH IN plain terms, so that it may be properly understood.

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