

JUN 24 1937

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

Do not use this space.

1. PLACE OF DEATH  
County Henry Registration District No. 345  
Township 3 Primary Registration District No. 4200  
City Brownington (No. 2) St. 20169 Ward 275

2. FULL NAME William Herbert Church  
(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 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 Lula Church

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-28-1852

| 7. AGE | YEARS     | MONTHS    | DAYS      | IF LESS than 1 day, _____ hrs. or _____ min. |
|--------|-----------|-----------|-----------|--|
|        | <u>84</u> | <u>10</u> | <u>18</u> |  |

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 life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jacksonville, Mich.

13. NAME Charles Church

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

15. MAIDEN NAME Mary Bentley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT Ollie Church  
(ADDRESS) Brownington, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Brownington DATE 6-18 1937

19. UNDERTAKER Fred Robinson  
(ADDRESS) Clinton, Mo.

20. FILE NO. June 23, 1937 C. D. Taylor, M.D.  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-16, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-10-37, 1937, to 6-16, 1937  
I last saw him alive on 6-16, 1937 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:  
Uræmia - Terminal  
Cardio Renal disease  
grad. Decadence

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Uræmia Was there an autopsy? Yes

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. In the home  
Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify S. W. Wolz, M. D.  
(Signed) \_\_\_\_\_ (Address) Clinton, Mo.

CAUSE OF DEATH IN PRIMER VERIFICATION

