

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

Do not use this space.

24425

1. PLACE OF DEATH

County.....
Township.....
City St. Louis (No. St. Luke Hospital)

Registration District No. 791
Primary Registration District No. 1003

File No.
Registered No. 6566 St. Ward

2. FULL NAME William F. Overall

(a) Residence. No. St., 12 Ward. Farmington Mo
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Male

white

Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 11-1869

7. AGE

YEARS

MONTHS

DAY

If LESS than 1 day, hrs. or min.

61

3

27

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

General Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Dellaville

(STATE OR COUNTRY)

Mo

10. NAME OF FATHER

W. P. Overall

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Texas

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Elizabeth White

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Texas

(STATE OR COUNTRY)

14. INFORMANT

Mrs. Geo. P. Ware

(Address)

Farmington Mo

15. JUL - 8 1930 FILED 19

Max C. Barkley
REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 8 1930

17. I HEREBY CERTIFY, that I attended deceased from July 26 1930 to July 8 1930 that I last saw him alive on July 7 1930 and that death occurred, on the date stated above, at 7:30 am noon

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Gangrene of leg, diabetic
arterio-sclerosis

59 (duration) yrs. mos. 10 ds.
Chronic Vegetative endocarditis
CONTRIBUTORY (SECONDARY) Cerebral embolus
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

Farmington Mo

DID AN OPERATION PRECEDE DEATH? Yes DATE OF June 28 1930

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Chas. Byrdman M. D.

July 8, 1930 (Address) Beaumont Bldg

*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

Farmington Mo

DATE OF BURIAL

7/10 1930

20. UNDERTAKER

Couzene Und.

ADDRESS

Farmington Mo

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.

