

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

1 PLACE OF DEATH

County Callaway  
Township Fulton Registration District No. 104 File No. 40179  
Village Fulton Primary Registration District No. 3008 Registered No. 208  
City Fulton (NO State Hospital No. 1 St. 1 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Edward Williams

PERSONAL AND STATISTICAL PARTICULARS -

3 SEX Male 4 COLOR OR RACE W 5 SINGLE MARRIED WIDOWED OR DIVORCED Single  
(Write the word)

6 DATE OF BIRTH (Month) (Day) (Year)

7 AGE 71 1/2 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

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

9 BIRTHPLACE (City or town, State or foreign country)

PARENTS  
10 NAME OF FATHER  
11 BIRTHPLACE OF FATHER (City or town, State or foreign country)  
12 MAIDEN NAME OF MOTHER  
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Record of Hospital  
(Address) Fulton, Mo.

15 Filed 12/19 1916 W E Peely Registrar

2 MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 9 1916  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Dec 1st 1916, to Dec 9, 1916, that I last saw him alive on Dec 8th, 1916, and that death occurred, on the date stated above, at 6:15 a.m.

The CAUSE OF DEATH\* was as follows:

Central Nervous system  
apoplexy  
87A  
84 (Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Insanity  
(Duration) yrs. mos. ds.  
(Signed) Edw. E. Evans, M. D.  
Dec 9, 1916 (Address) Fulton Mo.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death 7 yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted if not at place of death?

Former or usual residence Andrain Co. Mo.

19 PLACE OF BURIAL OR REMOVAL Vandalia Mo DATE OF BURIAL Dec 10 1916

20 UNDERTAKER John Fulton ADDRESS Fulton Mo.

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.

State Hospital No. 1 Fulton information enclosed

