

JUL 28 1927

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

18880

1. PLACE OF DEATH

County maries
 Township Miller
 City John D. Williams (No. 1040)

Registration District No. 1040
 Primary Registration District No. 2276

File No. 18880
 Registered No. 18880
 St. Ward

2. FULL NAME

(a) Residence. No. John D. Williams St. Ward
 (Usual place of abode)

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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12-9-1847

7. AGE YEARS 79 MONTHS 6 DAYS 14 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Missouri

10. NAME OF FATHER John Williams

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

12. MAIDEN NAME OF MOTHER Do not know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
 (STATE OR COUNTRY) Do not know

14. INFORMANT Doug Williams
 (Address) Dixon Mo

15. FILED 6-27-27 C. W. Williams
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-24-1927

17. I HEREBY CERTIFY, That I attended deceased from 6-19-1927, to 6-23-1927, and that I last saw him alive on 6-19-1927, and that death occurred, on the date stated above, at 6-23-1927.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Stomach
465 (duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

44a (duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

18. DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. J. G. Gump, M. D.
 , 19 (Address) Dixon 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 DATE OF BURIAL

Crematory 6-25-27
 20. UNDERTAKER Fred A. Gilbert ADDRESS Dixon 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.

