AUG 17 1927

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

Do not use this space.

21730

1. PLACE OF DEATH
County Jasper — Registration District No. 411 — File No.
Township Helena — Primary Registration District No. 2202 — Registered No. 340
City Joplin (No. 202 Florida St. Ward)

2. FULL NAME Robert B. Williams
(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 w
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) —
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 17 1927
7. AGE — YEARS — MONTHS 5 DAYS 27 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED 119B 79A
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Picher
(STATE OR COUNTRY) OK
PARENTS
10. NAME OF FATHER Walter Williams
11. BIRTHPLACE OF FATHER (CITY OR TOWN) OK
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Julia Fox
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kansas
(STATE OR COUNTRY)
14. INFORMANT
(Address)
15. FILED 7/15 1927 Benson Clark REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 14 1927
17. I HEREBY CERTIFY, That I attended deceased from July 16 1927 to July 13 1927, that I last saw him alive on July 13 1927, and that death occurred, on the date stated above, at 1-40 P. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Non-contagious meningitis
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Ileo-colitis
(duration) yrs. mos. ds.
7401
18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH?
8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. L. Loveland, M.D.
7-15, 1927 (Address) Joplin 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 Carterville Cem — DATE OF BURIAL 7-15-1927
20. UNDERTAKER Heer Lou Rend Co — ADDRESS Joplin 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.