

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

Do not use this space.

AUG 17 1927

21897

1. PLACE OF DEATH

County Freslingston
Township.....
City Chillicothe (No.....)

Registration District No. 578
Primary Registration District No. 3024

File No.....
Registered No. 79
St..... Ward)

2. FULL NAME

Henry Williams

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

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Colored

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

Married

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

Fannie B Williams

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

May 1 - 40

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
22	2	30	

8. OCCUPATION OF DECEASED

(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.....

Farmer Ret

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Fayette Mo.

10. NAME OF FATHER

Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

14.

INFORMANT

(Address)

Mr Fannie Williams
Chillicothe Mo.

15.

FILED

7-31, 1927 Reuben Barney
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2
16. DATE OF DEATH (MONTH, DAY AND YEAR) July 31 - 1927

17. I HEREBY CERTIFY, That I attended deceased from Dec 1925 to July 31, 1927 that I last saw him alive on July 29, 1927, and that death occurred, on the date stated above, at 4:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Heart Degeneration

CONTRIBUTORY (SECONDARY)

Chronic Nephritis
(duration) 3 yrs. mos. da.
(duration) 5 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH. DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) R. J. Neuman, M. D.

8/3, 1927 (Address) Chillicothe, 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

North Laurel Hill Aug 3 - 1927

20. UNDERTAKER

ADDRESS

Gas D Gordon Chillicothe 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.

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