Dr. Clark

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

Do not use this space.

36335

JAN 17 1927

1. PLACE OF DEATH
County Cole — Registration District No. 213 — File No.
Township — Primary Registration District No. 3004 — Registered No.
City Jefferson (No. ..., ... St. ... Ward)

2. FULL NAME Newton E. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	white	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 10 - 1867

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
	60	1	14	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Tawyer
(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) Adair Co Mo

PARENTS
10. NAME OF FATHER Gamaul Williams
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ky
12. MAIDEN NAME OF MOTHER Mary Zimmerman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Va

14. INFORMANT Meredith Williams
(Address) Oklahoma City Okla

15. FILED 1-9 1927 S V Bedford Registrar

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1927, to Dec 24, 1927 that I last saw him alive on Dec 24, 1927, and that death occurred, on the date stated above, at 4:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Angina Pectoris
[illegible]
(duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (SECONDARY) Aortic Stenosis
(duration) 3 yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) W A Clark, M.D
8/1/1927 (Address) [illegible]

*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 Oklahoma City — DATE OF BURIAL 12/25 1927

20. UNDERTAKER Wymore Gordon — ADDRESS Jc Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state information should be carefully supplied.