

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

Do not use this space.

37682

1. PLACE OF DEATH
 County Newton Registration District No. 1066
 Township Shoal Creek Primary Registration District No. 20510 File No. _____
 City Floyd Williams Registered No. 92 (Ward) _____
 2. FULL NAME Floyd 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 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) Oct 9 - 1927

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs or min.
— — 2 7

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 _____

9. BIRTHPLACE (CITY OR TOWN) Newton Co Missouri
 (STATE OR COUNTRY)

10. NAME OF FATHER Tom Williams

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

12. MAIDEN NAME OF MOTHER Bertha Balding

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Clark
 (STATE OR COUNTRY)

14. INFORMANT Tom Williams
 (Address) Joplin Mo. R. 2 Box 72

15. FILED 2/16 1927 J. Thurman REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY That I attended deceased from Oct 9 1927 to Dec 9 1927 that I last saw him alive on 4-20 1927 and that death occurred, on the date stated above, at _____

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature birth

154 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) 1610 (duration) yrs. mos. da.

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) P. H. Brooks M. D. (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: Francois Cem DATE OF BURIAL 12-16-1927

20. UNDERTAKER Woolbert Lewis ADDRESS Joplin

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.

