

MAR 16 1928

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

Do not use this space.

4161

1. PLACE OF DEATH

County BuchananRegistration District No. 85

File No.

Township St JosephPrimary Registration District No. 100ARegistered No. 259City State Hospital # 2

St. (Ward)

2. FULL NAME

(a) Residence No. John M Williams 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

White

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

Widowed

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

Isabella Roberts

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

Unknown about 1852

7. AGE

YEARS MONTHS DAYS

76 Unknown

IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Laborer

(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)

Mo

PARENTS

10. NAME OF FATHER

Charles Williams

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

14.

INFORMANT

State Hospital Record

(Address)

St Joseph

15.

FILED

MAR 1 1928

1928

John B. W.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/28/28 1917. 4/14/27 19 to 2/28/28 19I HEREBY CERTIFY, That I attended deceased from 4/14/27 19 to 2/28/28 19, and that I last saw him alive on 2/28/28 19, and that death occurred, on the date stated above, at 8:50 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Senile Dementia162 164

(duration) yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

Senility

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

6 DID AN OPERATION PRECEDE DEATH? no DATE OFWAS THERE AN AUTOPSY? noWHAT TEST CONFIRMED DIAGNOSIS? clinical(Signed) Th. P. Romason M. D.2/28/28 (Address) State Hospital # 2

*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

Curbin Cemetery Mar 14 1928

20. UNDERTAKER

ADDRESS

E. R. Eidenfaden 602 So. 10

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Cause of death 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.

