MAR 16 1928

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

Do not use this space.

4180

1. PLACE OF DEATH
County Butler
Township ~~Poplar Bluff~~
City Poplar Bluff (No. ..... St. ..... Ward)
Registration District No. 89
Primary Registration District No. 3007
File No. .....
Registered No. 24

2. FULL NAME Carl Williams
(a) Residence. No. 402 S. 8th St. 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): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 29-1858

7. AGE: Years 69 | Months 10 | Days 11 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Factory worker
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Warren
(STATE OR COUNTRY) Pa.

PARENTS
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) Pa.

14. INFORMANT Louisa Williams
(Address) Poplar Bluff Mo.

15. FILED 2-23, 1928 W. S. Bailey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

1

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 10 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1927, to Feb 10, 1928 that I last saw ~~he~~ alive on Feb 10, 1928, and that death occurred, on the date stated above, at 6 P.m.

THE CAUSE OF DEATH* ~~WAS AS FOLLOWS~~ Chronic interstitial nephritis

131 129 (duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

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) J. M. Hanchen, M. D.
2/16, 1928 (Address) Poplar Bluff 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: City Cemetery
DATE OF BURIAL: Feb. 11 1928 2:30

20. UNDERTAKER: A. W. Greer, Poplar Bluff Mo.
ADDRESS

Interstitial nephritis

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.