Personal

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

Do not use this space.

File No. 16678

Registered No.

1. PLACE OF DEATH
County Dunklin
Township
City Kennett (No. ..... St. ..... Ward)

Registration District No. 288
Primary Registration District No. 4172

2. FULL NAME C. R. 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 M
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 Minnie Davis Williams

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2/19-1894

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 34 | 3 | 3 | |

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

9. BIRTHPLACE (CITY OR TOWN) Henderson Co
(STATE OR COUNTRY) Tenn

PARENTS

10. NAME OF FATHER Jerry Williams
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Henderson Co
(STATE OR COUNTRY) Tenn
12. MAIDEN NAME OF MOTHER Ella Joiner
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Henderson Co
(STATE OR COUNTRY) Tenn

14. INFORMANT R. L. Williams
(Address) Kennett, Mo.

15. FILED 5/23 1928 E. L. Spence M.D.
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5/22 1928

17. I HEREBY CERTIFY, That I attended deceased from 1-1-, 1927, to 5/22, 1928 that I last saw him alive on 5/20, 1928 and that death occurred, on the date stated above, at 7:25 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis
23A/1341
(duration) ..... yrs. ..... mos. ..... ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H. W. Russell, M. D
, 19 (Address) Kennett 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 Pine City Holcomb
DATE OF BURIAL 5/23 1928

20. UNDERTAKER Baldwin Furnell
ADDRESS Kennett Mo

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