

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. **791**

1003

File No. **22212**

Registered No. **6394**

St. Word)

2. FULL NAME

(a) Residence. No. **Licking mo.** St. **12** Ward. **Licking mo.**
(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 **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 **Nora Williams**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **June 24 1871**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
56 11 20

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Farmer**
(b) General nature of industry, business, or establishment in which employed (or employer) **as**
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **Mo.**
(STATE OR COUNTRY)

10. NAME OF FATHER **Jack Williams**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Mo.**
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Marta Herod**

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

14. INFORMANT **Nora Williams**
(Address) **Licking mo.**

15. **JUN 16 1928**
FILED **May C. Starker**

REGISTER

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **June 14 1928**

17. I HEREBY CERTIFY, That I attended deceased from **June 1 1928** to **June 14 1928**
that I last saw him alive on **June 14 1928**, and that death occurred, on the date stated above, at **4 p.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cholecystitis and internal hemorrhage from obstructed common duct.
(duration) yrs. 2 mos. da.

CONTRIBUTORY CAUSES **varicose blood ducts**
(SECONDARY) **hemorrhage**
(duration) yrs. 14 da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? **Yes** DATE OF **June 11-1928**

WAS THERE AN AUTOPSY? **No**

WHAT TEST CONFIRMED DIAGNOSIS? **operation**

(Signed) **A. A. Defoe, M. D.**

June 14, 1928 (Address) **4480 Westminster**

*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

Licking mo. **June 16 1928**

20. UNDERTAKER ADDRESS

Philander Craig Washington

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

