317

SEP 24 1928

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

Do not use this space.
26502

1. PLACE OF DEATH
County: Buchanan — Registration District No. 85
Township: — Primary Registration District No. 1001
City: St Joseph (No. ..... St. ..... Ward)

File No. ..... Registered No. 981

2. FULL NAME: Henry Williams
(a) Residence. No. Flat of Hay #2 St. ..... Ward. Hamilton Mo
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. 4 mos. 9 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 25 1850

7. AGE: Years 78 Months 6 Days 18 If LESS than 1 day, ... hrs. or ..... min.

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): —
(c) Name of employer: —

9. BIRTHPLACE (CITY OR TOWN): Princeton
(STATE OR COUNTRY): Mo.

PARENTS
10. NAME OF FATHER: David Williams
11. BIRTHPLACE OF FATHER (CITY OR TOWN): —
(STATE OR COUNTRY): Mercer Co Mo.
12. MAIDEN NAME OF MOTHER: Eliza Jane Vandeporal
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): —
(STATE OR COUNTRY): Mercer Mo

14. INFORMANT: Mrs. Flat Hay #2
(Address): St Joseph Mo

15. FILED: Aug 13 1928 — [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug 13 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 7, 1928, to Aug 13, 1928, that I last saw him alive on Aug 13, 1928 and that death occurred, on the date stated above, at 10.10 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lancile Hamilton
164 (duration) yrs. 4 mos. 9 ds.
CONTRIBUTORY (SECONDARY) Senility
162 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? —
(Signed) [signature], M. D
Aug 14, 1928 (Address) St Joseph 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: Highland Cemetery — DATE OF BURIAL: Aug 15 1928
20. UNDERTAKER: John Houghton — ADDRESS: Hamilton Mo

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.