25 1928

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

26845

1. PLACE OF DEATH

County Cooper — Registration District No. 218 — File No. 7

Township Boonville — Primary Registration District No. 5298 — Registered No. 78

City ..... (No. ..... St. ..... Ward)

2. FULL NAME William C. 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.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 26"/1879

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	48	11	2	

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) Cooper Co. Mo.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Walter Williams

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

12. MAIDEN NAME OF MOTHER Virginia Payne

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

14. INFORMANT James Williams
(Address) Boonville Mo.

15. FILED Aug 30 1928 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 28" 1928

17. I HEREBY CERTIFY, That I attended deceased from July 21 — 1928, to Aug. 27th 1928 that I last saw him alive on Aug. 27 1928, and that death occurred, on the date stated above, at 6.50 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Paralysis - Complete of left side - apoplexy
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 7401
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? No. DATE OF X

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) H. D. Quigg, M. D

8/28, 1928 (Address) Boonville, 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	DATE OF BURIAL
Family Cemetery	8/30/28

20. UNDERTAKER — ADDRESS

GOODMAN & HOLLER BOONVILLE MO.