

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

28204

1. PLACE OF DEATH

County PulaskiTownship LibertyCity Liberty (No.)Registration District No. 712Primary Registration District No. 5941

File No.

Registered No. 25

St. Ward)

2. FULL NAME

James Mason 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. 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)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFElizabeth Frances Williams6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 20 1838

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, ... hrs.
or min.90518

8. OCCUPATION OF DECEASED

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

(c) Name of employer

Retired Farmer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Clarksville
Penn

10. NAME OF FATHER

John Byrd Williams

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

N.C.

12. MAIDEN NAME OF MOTHER

Mary Johnson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

S.C.

14.

INFORMANT
(Address)Mrs. Anna Bivins -
Richland Mo.

15.

FILED

8. 8. 1928 Everett A. Oliver

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Aug 8 1928

17.

I HEREBY CERTIFY, That I attended deceased from Aug 26, 1928, to Aug 8, 1928
that I last saw him alive on Aug 8, 1928, and that
death occurred, on the date stated above, at 7:30 A.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Status EpilepticusCONTRIBUTORY
(SECONDARY)Chronic Epilepsy -(duration) 4 yrs. mos. da.(duration) 4 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

at place of deathDID AN OPERATION PRECEDE DEATH? No DATE OF WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

Bed Side diagnosis
Everett A. Oliver, M.D.8. 8. 1928 (Address) Richland 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

Creal Springs Ill8. 10 1928

20. UNDERTAKER

ADDRESS

R. B. Keple. Richland Mo.

