EC 27 1928

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

Do not use this space.

1. PLACE OF DEATH
County Jasper — Registration District No. 417 — File No. 37326
Township Joplin — Primary Registration District No. 3021 — Registered No. 137
City Webb City (No. ..... St. ..... Ward)

2. FULL NAME George E. Williams
(a) Residence. No. Webb City Mo. St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 17th. 1913

7. AGE: 15 YEARS — MONTHS: 9 — DAYS: 7 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work School 9
(b) General nature of industry, business, or establishment in which employed (or employer) 10
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Webb City
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER M. S. Williams
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Arkansas
12. MAIDEN NAME OF MOTHER Eva Jones
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Webb City Mo.

14. INFORMANT Mr. M. S. Williams
(Address) Webb City Mo.

15. FILED 11/27, 1928 R. M. Stormont REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) November, 24th. 28

17. I HEREBY CERTIFY, That I attended deceased from ~~Nov 24, 1928~~ to Nov 24, 1928 that I last saw him alive on Nov 24, 1928, and that death occurred, on the date stated above, at 6:45 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Thrombosis from Chronic Endocarditis
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 10
(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? Classical symptoms
History
(Signed) L. C. Lennowith, M. D
Nov 27, 1928 (Address) Joplin 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: Mt. Hope Cem. — DATE OF BURIAL: 11/27/28

20. UNDERTAKER: Steele Und. Co. — ADDRESS: Webb City Mo.

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.