

C 31 1928

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

37805

## 1. PLACE OF DEATH

County PettisRegistration District No. 668

File No. ....

Township .....

Primary Registration District No. 3032Registered No. 309City Sedalia

(No. ....)

St. .... Ward)

2. FULL NAME Ernest Williams(a) Residence. No. 620 W Cooper 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. ds.

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

M

## 4. COLOR OR RACE

Col

## 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widowed

## 5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF — dont no(OR) WIFE OF Y6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 8 1884

## 7. AGE

YEARS

MONTHS

DAYS

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

44610

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Boiler

(b) General nature of industry, business, or establishment in which employed (or employer)

R Road Co

(c) Name of employer

dont no9. BIRTHPLACE (CITY OR TOWN) Anderson  
(STATE OR COUNTRY) Ala10. NAME OF FATHER Geo Williams11. BIRTHPLACE OF FATHER (CITY OR TOWN) dont no  
(STATE OR COUNTRY) dont no12. MAIDEN NAME OF MOTHER Barrett Jones13. BIRTHPLACE OF MOTHER (CITY OR TOWN) dont no  
(STATE OR COUNTRY) dont no

PARENTS

## 14.

INFORMANT Louise Williams  
(Address) Sedalia Mo

## 15.

FILED 11-22-28J. L. Love  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 18 192817. I HEREBY CERTIFY That I attended deceased from Nov 5 to Nov 18 1928that I last saw him alive on Nov 18, 1928, and that death occurred, on the date stated above, at 4 PM

## THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Carcinoma of Liver  
46 E

## CONTRIBUTOR (SECONDARY)

## 18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, .....

O DID AN OPERATION PRECEDE DEATH? no DATE OF —WAS THERE AN AUTOPSY? no

## WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. L. Love, M. D., 19 (Address) Sedalia 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

Sedalia Mo11/22 1928

## 20. UNDERTAKER

## ADDRESS

F. D. FergusonSedalia

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.

