

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

Do not use this space.

JAN 23 1929

40416

1. PLACE OF DEATH

County Howell
Towship
City Willow Springs (No.)

Registration District No. 385

Primary Registration District No. 4228

File No.

Registered No. 36

St. Ward

2. FULL NAME

(a) Residence. John B. Williams 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

M

4. COLOR OR RACE

W

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

married

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

Catherine Williams

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

11-7-1842

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

86

1

18

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

United States

10. NAME OF FATHER

Wm Williams

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

United States

12. MAIDEN NAME OF MOTHER

Marawa Crowley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

U.S.A.

14.

INFORMANT

(Address) Con Williams
Kansas City Mo.

15.

FILED

12/27 1928

J.B. Ferguson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

12-25-28

17.

I HEREBY CERTIFY That I attended deceased from

12-21, 1928, to 12-25, 1928

that I last saw him alive on 12-24, 1928, and that death occurred, on the date stated above, at 11 A

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza

1071/10

(duration) yrs. mos. da. 7

CONTRIBUTORY (SECONDARY) Bronchial Pneumonia

(duration) yrs. mos. da. 4

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH At place death

19. DID AN OPERATION PRECEDE DEATH? DATE OF

No

Was there an AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical findings

(Signed) Jes Davis, M. D.

12/26, 1928 (Address) Willow Springs 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

Epps Cemetery

12/26-1928

20. UNDERTAKER

W.B. Burns

ADDRESS

Willow Springs Mo

K. 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.

THIS IS A PERMANENT RECORD

