

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

41547

1. PLACE OF DEATH

County LawrenceRegistration District No. 476File No. 41547Township JunctionPrimary Registration District No. 3640Registered No. 13City Wm. H. Williams (No. 1) St. Ward 2. FULL NAME Wm. H. 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 78 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 13 18507. AGE: YEARS 78 MONTHS 0 DAYS 21 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Business(b) General nature of industry, business, or establishment in which employed (or employer) Retired(c) Name of employer 9. BIRTHPLACE (CITY OR TOWN) Mo.
(STATE OR COUNTRY)10. NAME OF FATHER Michael Williams11. BIRTHPLACE OF FATHER (CITY OR TOWN) not known
(STATE OR COUNTRY)12. MAIDEN NAME OF MOTHER Mary Moore13. BIRTHPLACE OF MOTHER (CITY OR TOWN) not known
(STATE OR COUNTRY)14. INFORMANT J. Ernest Smith
(Address) 15. FILED Dec. 5, 1928 P. A. Holmes
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 4 192817. I HEREBY CERTIFY, That I attended deceased from Jan. 26 1925, to Dec. 4 1928, that I last saw him alive on Dec. 4 1928, and that death occurred, on the date stated above, at 7:25 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

13
Diphtheria
11-13 (duration) yrs. mos. da.CONTRIBUTORY (SECONDARY) Enteritis typhosa
(duration) 1 yrs. mos. da.18. WHERE WAS DISEASE CONTRACTED?
IF AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF WAS THERE AN AUTOPSY? noWHAT TEST CONFIRMED DIAGNOSIS? clinical lab.(Signed) P. A. Holmes, M. D.Dec. 5, 1928 (Address)

*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 Old Camp Ground, Deas DATE OF BURIAL 192820. UNDERTAKER Phillip J. Fossett ADDRESS

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.

JAN 24 1929

