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

Do not use this space.

1259

1. PLACE OF DEATH

County Henry — Registration District No. 347 — File No.

Township — Primary Registration District No. 3018 — Registered No. 24

City Clinton (No. ..... St. ..... Ward)

2. FULL NAME Walter W Williams

(a) Residence. No. 306 E Jefferson St., ... Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
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) June 5 1878

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
50	7	24	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Clerical
(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): Clinton Mo

PARENTS

10. NAME OF FATHER: John Williams
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Wales England
12. MAIDEN NAME OF MOTHER: Don't Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Wales England

14. INFORMANT: Miss Lula Williams
(Address): Clinton Mo

15. FILED Jan. 31, 1929 Dr. E. C. Peelor REGISTRAR
per J.G.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jany 28 1929

17. I HEREBY CERTIFY, That I attended deceased from 1924 Nov. 1, 1924 to Jany 28, 1929 that I last saw him alive on Jany 28, 1929 and that death occurred, on the date stated above, at 3 9 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Sarcoma 12th Dorsal Vertebra 53D

Since 1924 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Paraplegia

(duration) 4 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? —

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 1925

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical & Pathological Study

(Signed) Robt D Haire M. D

, 19 (Address) Clinton 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: Clinton Mo — DATE OF BURIAL: Jan 31 1929

20. UNDERTAKER: Spore & Son — ADDRESS: Clinton 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

FEB 22 1929

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