

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

Do not use this space.

7642

1. PLACE OF DEATH

County Putnam
Township Lincoln
City Lincoln (No.)

Registration District No. 721
Primary Registration District No. 5952

File No.
Registered No.
St. Ward)

2. FULL NAME John P Williams

(a) Residence No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 73 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

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) March 18 1855

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
73 II 2

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

9. BIRTHPLACE (CITY OR TOWN) Putnam Co.
(STATE OR COUNTRY) Mo

10. NAME OF FATHER John Williams

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown

14. INFORMANT F.M. Branbhall
(Address) Mendota Mo

15. FILED March 9, 1929 Hayes Barnett
REGISTRAR

2. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 20 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb. 20 1929, to Feb. 20 1929, and that I last saw him alive on Feb. 20 1929, and that death occurred, on the date stated above, at 10 30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Patient died suddenly and I did not see him before he died. Death apparently due to chronic valvular disease

CONTRIBUTORY (SECONDARY) 92 yr (duration) yrs. mos. da.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Chas F Drummett, M.D.

2/20 1929 (Address) Lenterville Ia

*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 Williams Family Cemetery. 2-22-29 DATE OF BURIAL

20. UNDERTAKER Lester E Best Cincinnati Iowa ADDRESS

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

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.

MAR 25 1929

31
31

