

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.

FEB 20 1930

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

Do not use this space.

1. PLACE OF DEATH

County Pettis
Township Cedar
City (No.)

Registration District No. 668
Primary Registration District No. 5894

File No. 2220
Registered No. 31
St. Ward)

2. FULL NAME

Mr. Samuel 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 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

negro

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

married

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

Husband

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

April 11-1857

7. AGE

YEARS

MONTHS

DAYS

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

72

90

18

8. OCCUPATION OF DECEASED

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

Framer

(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)

Don't know.

10. NAME OF FATHER

Don't know.

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Don't know.

12. MAIDEN NAME OF MOTHER

Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Don't know

14.

INFORMANT
(Address)

Mrs. Leabell Williams
Cedar township

15.

FILED

1-30, 1930

J. L. Love

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-29 1930

17.

I HEREBY CERTIFY, That I attended deceased from Jan. 29, 1930, to Jan. 29, 1930, that I last saw him alive on Jan. 25, 1930, and that death occurred, on the date stated above, at 7 a. m.

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic parenchymatous nephritis

1290

(duration) Don't know yrs. mos. da.

CONTRIBUTORY (SECONDARY)

Chronic myeloid

(duration) Don't know yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Don't know

19. DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS

Chemical

(Signed) Chas. H. Hensley M. D.

Jan 30, 1930 (Address) Cedar township

*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

St. George town

Feb-1, 1930

20. UNDERTAKER

ADDRESS

Wm. Q. Alexander

Cedar

