OCT 28 1930

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

Do not use this space.

19006-1

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1. PLACE OF DEATH

County: Dallas — Registration District No.: 244 — File No.: 5

Township: Jasper — Primary Registration District No.: 5338 — Registered No.: 244

City: Plad (No. ..... St. ..... Ward)

2. FULL NAME D. L. Williams

(a) Residence. No. ..... 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: Male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*): Married

5A. ~~IF MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~: Mary Williams

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 11-1857

7. AGE: 73 YEARS — MONTHS: 1 — DAYS: 8 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): Dallas Co
(STATE OR COUNTRY): Missouri

PARENTS

10. NAME OF FATHER: Ben Williams
11. BIRTHPLACE OF FATHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Unknown

14. INFORMANT: D. T. Williams
(Address): Buffalo Mo

15. FILED 10-10 1930 Mrs A P Vaul
REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from On May 25, 1930, to ....., 19.... that I last saw h. ~~[illegible]~~ alive on May 25, 1930, and that death occurred, on the date stated above, at 9 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Nephritis

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(duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Organic Heart Disease Arteriosclerosis (duration) Several mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH? .....
DIDIAN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Usual

(Signed) [signature], M. D
, 19 (Address) Buffalo 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: Kirk Chapel — DATE OF BURIAL: June 20 1930

20. UNDERTAKER: L B Jones — 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.