

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

Do not use this space.

20099

1. PLACE OF DEATH

County Monroe
Township Jackson
City (No.) St. Ward

Registration District No. 582
Primary Registration District No. 5779

File No.
Registered No. 30
St. Ward

2. FULL NAME

C. N. WILLIAMS
(a) Residence. No. St. Ward.
(Usual place of abode) About MEXICO, Mo.
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 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

Negro

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

N.K.

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

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

N.K.

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>45</u> ✓			

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. laborer
(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) N. K.

10. NAME OF FATHER

N. K.

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) N. K.

12. MAIDEN NAME OF MOTHER

N. K.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) N. K.

14.

INFORMANT Coroner Inquest
(Address)

15.

FILED 6/9 1930 H. C. Payne
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 8 1930

17. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19....., that I last saw h..... alive on, 19....., and that death occurred, on the date stated above, at, 6 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Contusion Chest
Car just off Highway
15 - Instant Death
accidental (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH DATE OF

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) G. O. ...
6/9 1930. (Address) Felicitas ...

*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

Monroe Co. Infirmary

DATE OF BURIAL

6/12 1930

20. UNDERTAKER

Speed & Blakey

ADDRESS

Paris, Mo.

N. B.—Every item of information should be carefully filled. 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.

6-2-30 1930



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