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

Do not use this space.

File No. 22499

Registered No.

1. PLACE OF DEATH
County Gasc. Registration District No. 305
Township Primary Registration District No. 4182
City Hermann (No. ..... St. ..... Ward)

2. FULL NAME Elijah Thomas 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

AUG 26 1930

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word).
Male	white	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 12-1854

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	75	7	20	

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

9. BIRTHPLACE (CITY OR TOWN) Campbellton Mo
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Wm E. Williams
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Virginia
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Elizabeth Hiatt
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

14. INFORMANT Mrs. Rachel Williams
(Address)

15. FILED 7-4, 1930 Emma Rickhoff REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 2 1930

17. I HEREBY CERTIFY, That I attended deceased from June from, 1930 to July 2 1930, that I last saw him alive on July 1 1930, and that death occurred, on the date stated above, at 5 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Bladder
51B
97
137 (duration) One yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Prostatitis and arterial Sclerosis
(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH at place of death
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? General Diagnosis X Ray.

(Signed) H. R. Rickhoff M. D.
9-4, 1930 (Address) Hermann 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	DATE OF BURIAL
Drake M. E. Cemetary	July 5 1930

20. UNDERTAKER	ADDRESS
Kuediger	Hermann Mo