

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

Do not use this space.

26332

OCT 28 1930

1. PLACE OF DEATH

County Dunklin
Township Cotton Hill
City (No.) (Ward)

Registration District No. 289
Primary Registration District No. 5407

File No.
Registered No. 42
St. Ward)

2. FULL NAME Willis Williams

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

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 10 - 1881

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>49</u>	<u>5</u>	<u>7</u>	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer and Preacher
(b) General nature of industry, business, or establishment in which employed (or employer) Farm Labor
(c) Name of employer Sgt. Mt. Olive Baptist

9. BIRTHPLACE (CITY OR TOWN) Griffin Hill
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Don't know

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Griffin Hill
(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Griffin Hill
(STATE OR COUNTRY) Mo.

14. INFORMANT Pearl Williams
(Address) Malden Mo

15. FILED 5/17, 1930 S. E. Mitchell
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-17-1930

17. I HEREBY CERTIFY, That I attended deceased from 8-17-1930, 1930, to 8-17-1930, 1930, that I last saw him alive on 8/12, 1930, and that death occurred, on the date stated above, at 12:05 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Embolism

928
!!! (duration) yrs. mos. 2 hrs

CONTRIBUTORY chronic endocarditis
(SECONDARY) about (duration) 10 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED? 900W
IF NOT AT PLACE OF DEATH, ...

DID AN OPERATION PRECEDE DEATH? no DATE OF ...

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical History
(Signed) S. E. Mitchell, M. D.

8/17, 1930 (Address) Malden 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 near Malden DATE OF BURIAL 8/18 1930

20. UNDERTAKER W. S. Craig ADDRESS Malden Mo

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.

