

SEP 26 1930

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

Do not use this space.

27510

1. PLACE OF DEATH

County PettisRegistration District No. 668Township SedaliaPrimary Registration District No. 3032City Sedalia(No. Sen. No. 3)

File No. _____

Registered No. 202

St. _____

Ward _____

2. FULL NAME

Edgar E. 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 3 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

H

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

married

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

Eda B. Williams

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

July 28 = 1862

7. AGE

YEARS

MONTHS

DAYS

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

6811

8. OCCUPATION OF DECEASED

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

Fanner

(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)

New York

10. NAME OF FATHER

Phillips & Williams

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

England

12. MAIDEN NAME OF MOTHER

Rebecca Savary

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

New York

14. INFORMANT

(Address)

Herbert Williams
Sedalia Mo. R. 50

15. FILED

8-15-30J. L. Love
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

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

Aug 9 1930

17.

I HEREBY CERTIFY, That I attended deceased from Aug 8, 1930, to Aug 9, 1930, that I last saw him alive on Aug 9, 1930, and that death occurred, on the date stated above, at 3:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Perforated appendix121A(duration) yrs. 2 mos. 2 da.

CONTRIBUTORY (SECONDARY)

Langue & Perito
nitis (duration) yrs. 2 mos. 2 da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

1 DID AN OPERATION PRECEDE DEATH? yesDATE OF Aug 8-1930WAS THERE AN AUTOPSY? noWHAT TEST CONFIRMED DIAGNOSIS? exam + operation(Signed) W. E. Valder, M. D., 19 (Address) La Monte 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

La Monte Mo Aug 11 1930

20. UNDERTAKER

ADDRESS

B. F. Parker La Monte Mo

Exact statement of OCCUPATION is very important. Physicians should state occupation of decedent in plain terms, so that it may be properly classified.

2

4

2

2

2