

WHITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

NOV 22 1930

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

Do not use this space.

File No. **32568**
Registered No.
St. Ward)

1. PLACE OF DEATH

County Franklin Registration District No. 296
Township Primary Registration District No. 4130
City Union (No. St. Ward)

2. FULL NAME

Jesse Glen 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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 6th 1930

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ... hrs. or ... min.
3 14

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

10. NAME OF FATHER Jesse Williams

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Morris Co.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Edna Krider

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Morris Co.
(STATE OR COUNTRY)

14. INFORMANT Edna Williams
(Address) Union Mo.

15. FILED Oct 20 30 E. H. Olman REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 20 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 13, 1930, to Oct 20, 1930, that I last saw him alive on Oct 19, 1930, and that death occurred, on the date stated above, at 7 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cholera Infantis

119A
CONTRIBUTORY (SECONDARY) 1130

18. WHERE WAS DISEASE CONTRACTED Remo Mo
IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH? No DATE OF ✓

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Cultural
(Signed) E. H. Olman, M. D.

Oct 20, 1930 (Address) Union 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 City Cemetery Union Mo. DATE OF BURIAL 10/21 1930.

20. UNDERTAKER E. H. Olman ADDRESS Union Mo.

