MARGIN RESERVED FOR BINDING

WRITE 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.

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

85

286

File No.

Registered No. 107

1. PLACE OF DEATH

County: Buchanan

Registration District No.

Township

Primary Registration District No. 1001

City: St Joseph Mo (No. State Hosp #2 St. Ward)

2. FULL NAME John Williams

(a) Residence. No. Rayville Mo St., Ward. Rayville Missouri (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
M	White	Widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) About 1843

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	88	UNKNOWN		

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer & Coal Miner
(b) General nature of Industry, business, or establishment in which employed (or employer): Unknown
(c) Name of employer: Unknown

9. BIRTHPLACE (CITY OR TOWN) N/G
(STATE OR COUNTRY) Unknown

PARENTS

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT State Hospital Records
(Address) St Joseph Mo

15. FILED JAN 26 1931 John G. Wh REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 26 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan ~~26~~ 8, 1931, to Jan 26, 1931, that I last saw him alive on Jan 26, 1931, and that death occurred, on the date stated above, at 10 45 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Arteriosclerosis
97
10 d (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) old age (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H. E. Meier, M. D.

Jan 26 1931 (Address) St Joseph 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: Orrick Missouri — DATE OF BURIAL: Jan. 28 1931

20. UNDERTAKER: H. C. Siebenfaden — ADDRESS: 1802 Union St.