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

Do not use this space.

41599

1. PLACE OF DEATH

County Mississippi Ohio — Registration District No. 569

Township ~~[illegible]~~ Ohio — Primary Registration District No. 5765

City ~~[illegible]~~ (No. ..... St. ..... Ward)

File No. .....

Registered No. .....

FULL NAME Roy L. Williams

(a) Residence. No. Yeo RFD 4 St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Effie Prosser Williams

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct. 9, 1870

7. AGE: YEARS 61 — MONTHS 1 — DAYS 28 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Contractor and Builder
(b) General nature of industry, business, or establishment in which employed (or employer): 94 F
(c) Name of employer: 93 F

9. BIRTHPLACE (CITY OR TOWN): Connersville 94 A
(STATE OR COUNTRY): Indiana

PARENTS

10. NAME OF FATHER: Charles R. Williams
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Ellis
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY)

14. INFORMANT: Mrs. R. L. Williams
(Address) Charleston, Mo.

15. FILED 12/8, 1931 A. Marshall REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec. 7th 1931 11:15 A.M.

17. I HEREBY CERTIFY, That I attended deceased from 9/20, 1931, to 12/7, 1931, that I last saw him alive on 12/7, 1931, and that death occurred, on the date stated above, at 11:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Coronary Thrombosis with Myocarditis + Angina Pectoris (duration) yrs. 6 or more mos. ds.

CONTRIBUTORY (SECONDARY) 94 A (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) W. S. Love, M. D.

12/8, 1931 (Address) Charleston, 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: Connersville Ind. — DATE OF BURIAL: 12-10 1931

20. UNDERTAKER: Lau Undertaking Co. F. Lau — ADDRESS: Charleston Mo.

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.

Dr. Love