

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

Do not use this space.

9610

1. PLACE OF DEATH  
 42 County Pike Registration District No. 689  
 5 Township Louisiana Primary Registration District No. 3033  
 4 City Louisiana (No. 817, So. Carolina) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME John M Williams  
 (a) Residence No. 817 So Carolina 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. da. 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-18-1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
65 10 18 . \_\_\_\_\_

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Summer Hill Ill

FATHER  
 13. NAME Joseph Williams  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Summer Hill Ill

MOTHER  
 15. MAIDEN NAME Mary Shinn  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Summer Hill Ill

17. INFORMANT (ADDRESS) Effie Owens  
Louis Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Summer Hill Ill DATE 3-7-32

19. UNDERTAKER (ADDRESS) Chas Tourney  
Rockport Ill

20. FILED 3-6-1932 J. C. Harty Jr. Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 5 1932

22. HEREBY CERTIFY, That I attended deceased from Jan 1 1932 to March 5 1932  
 I last saw him alive on March 5 1932 Death is said to have occurred on the date stated above, at 8:15 m.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral Hemorrhage Date of onset July 32  
82A  
102 J. D. R.  
 Other contributory causes of importance:  
Hypertension (1) 1829

Name of operation no Date of \_\_\_\_\_  
 What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) E. Cunningham \_\_\_\_\_, M. D.  
 (Address) Louisiana Mo

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.

APR 28 1932

MISSOURI STATE BOARD OF HEALTH—BUREAU OF VITAL STATISTICS—A PERMANENT RECORD

