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.

APR 28 1932

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

Do not use this space.

13267

1. PLACE OF DEATH

66 County Miller — Registration District No. 561 — File No.

Township Saline — Primary Registration District No. 5755 — Registered No. 33

City ..... (No. ..... St. ..... Ward)

2. FULL NAME William Wiley Williams

(a) Residence, No. ..... St., ... Ward. (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~~ Male

4. COLOR OR RACE White

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

5A. ~~IF MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Mary Francis Williams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 28 1854

7. AGE — YEARS 77 — MONTHS 7 — DAYS 7 — If LESS than 1 day, ... hrs. or ..... min.

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. Retired

10. Date deceased last worked at this occupation (month and year) 3-1-21

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 1

FATHER

13. NAME J. Y. Williams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Amanda Williams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky 2

17. INFORMANT (ADDRESS) James Williams Marys Home Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Jim Henry DATE 4-4 1932

19. UNDERTAKER (ADDRESS) Homer Wright Fuscumbia Mo

20. FILED April 4 1932 Belle Haynes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 4 1932

22. I HEREBY CERTIFY, That I attended deceased from 2-14 1932 to April 4 1932

I last saw him alive on 4-2 1932 Death is said to have occurred on the date stated above, at 6:40 A m.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis

131

Date of onset

Other contributory causes of importance:

131

Name of operation None Date of

What test confirmed diagnosis? Lab. 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? No

If so, specify

(Signed) Geo A Shirley, M. D.

(Address) Eugene, Mo.