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

Do not use this space.
16644

File No. 22
Registered No.

1. PLACE OF DEATH
County: Lawrence — Registration District No. 470
Township: Mt Vernon South — Primary Registration District No. 3633
City: ~~Fort Jessup~~ (No. , St. Ward)

55 4 2

2. FULL NAME Harvey M. Williams

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

Length of residence in city or town where death occurred 74 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)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 13th 1857

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
74	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 9a

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. x

10. Date deceased last worked at this occupation (month and year) x

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawrence Co Mo

FATHER

13. NAME Frank Williams

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

MOTHER

15. MAIDEN NAME Rhoda LeBow

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawrence Co Mo

17. INFORMANT (ADDRESS) Mrs Nuchal Miller

18. BURIAL, CREMATION, OR REMOVAL
PLACE Zion DATE May 31 1932

19. UNDERTAKER (ADDRESS) Geo. B Orr

20. FILED June 9 1932 W I Fellows Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30th 1932

22. I HEREBY CERTIFY, That I attended deceased from April 17th 1931 to May 29th 1932

I last saw him alive on May 26th 1932 Death is said to have occurred on the date stated above, at 3 p m.

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

Cardio-renal trouble — Date of onset: Patient in bed one year before my last visit

Dropsy had been more limited for months, but loss of function + fluid waste and limit of blood

Other contributory causes of importance:

The reports of loss of nerve center function, this bad attitude, as I saw (2)

Name of operation none Date of

What test confirmed diagnosis? as above Was there an autopsy? yes

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 nerve centers but brain

(Signed) Dr. M. R. Maxwell M.D.
(Address) Mt Vernon 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.

JUN 23 1932