

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

Do not use this space.

18376

1. PLACE OF DEATH

100 County Scott Registration District No. 816
4 Township _____ Primary Registration District No. 4492
4 City Chaffee (No. _____) St. _____ Ward _____

2. FULL NAME

Billy Gene Williams
(a) Residence, No. 408 Parker St. 4th Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 1 yrs. 20 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Infant</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/> Child		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 25 1930</u>		
7. AGE	YEARS <u>1</u>	MONTHS <u>7</u>
	DAYS <u>23</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Child</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>"</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation <u>0</u>
12. BIRTHPLACE (CITY OR TOWN) <u>Chaffee</u> (STATE OR COUNTRY) <u>Missouri</u>		
FATHER	13. NAME <u>Archie Albia Williams</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>Bloomfield</u> (STATE OR COUNTRY) <u>Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Lona May Parmenter</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>Bloomfield</u> (STATE OR COUNTRY) <u>Missouri</u>	
17. INFORMANT <u>archie williams</u> (ADDRESS) <u>Chaffee Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Bloomfield, Mo.</u> PLACE <u>Zion Cemetery</u> DATE <u>May 19</u> 19 <u>32</u>		
19. UNDERTAKER <u>H. F. Stubbs</u> (ADDRESS) <u>Chaffee, Missouri</u>		
20. FILED <u>5-19</u> 19 <u>32</u> <u>GA Samsel</u> REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18 1932

22. I HEREBY CERTIFY, That I attended deceased from May 14 1932 to May 18 1932
I last saw him alive on May 16 1932 Death is said to have occurred on the date stated above, at 19.1 m.
The principal cause of death and related causes of importance were as follows:
Cholera Infantum Date of onset 5/14/32
119 A / 119
Other contributory causes of importance: — (D)

Name of operation None Date of _____
What test confirmed diagnosis? Cultural 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) S. S. Davis, M. D.
(Address) Dexter 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.

JUN 2

