

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.

AUG 22 1932

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

Do not use this space.

21918

1. PLACE OF DEATH

County Benton
Township Williams
City Marion

Registration District No. 59
Primary Registration District No. 5094

File No. _____
Registered No. 21
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St., _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 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) Married
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Theresa Williams
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-30-1849
7. AGE YEARS 82 MONTHS 7 DAYS 20
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. ✓
10. Date deceased last worked at this occupation (month and year) 1927
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) Embarked
(STATE OR COUNTRY) Kentucky

MOTHER FATHER
13. NAME Jamner Williams

14. BIRTHPLACE (CITY OR TOWN) Embarked
(STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Mary Adams

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

17. INFORMANT Theresa Williams
(ADDRESS) Marion

18. BURIAL, CREMATION, OR REMOVAL
PLACE Smithton DATE 7-21-1932

19. UNDERTAKER Gillespie
(ADDRESS) Smithton

20. FILED 8-1-1932 Harry Bos
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-19-1932

22. I HEREBY CERTIFY, That I attended deceased from 11-1- 1932 to 7-19- 1932

I last saw him alive on 7-1- 1932 Death is said to have occurred on the date stated above, at 730 P. m.

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

Chronic Nephritis Date of onset 131

Other contributory causes of importance: 131

Name of operation _____ Date of _____
What test confirmed diagnosis Chronic 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) P. S. Reser, M. D.

(Address) Col. Camp

