

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

Do not use this space.

25300

**1. PLACE OF DEATH**

County Barry Registration District No. 29  
Township Crane Creek Primary Registration District No. 5046  
City (No. ) St. Ward

File No. \_\_\_\_\_  
Registered No. 45 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

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

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED M  
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 6-1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
69 5 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
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) Barry Co Mo

MOTHER FATHER 13. NAME Enoch William

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

15. MAIDEN NAME Nancy Nell

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

17. INFORMANT (ADDRESS) Thos Williams  
Crane

18. BURIAL, CREMATION, OR REMOVAL PLACE Mass Hill DATE 8 29 32

19. UNDERTAKER (ADDRESS) W E Miller  
Crane Mo

20. FILED Oct 1 1932 Mrs H.R. Williams Registrar

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8 28 32

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1932, to 8-28, 1932  
I last saw him alive on 8-22, 1932. Death is said to have occurred on the date stated above, at 230 m.

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

Diabetes  
547  
99 59  
13 0/3  
Other contributory causes of importance: 1  
retinoclerosis

Name of operation Tot Anpulsio Date of 8-17  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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 Yes  
(Signed) J R Dozoff, M. D.  
(Address) Crane 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. OCT 31 1932

