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

Do not use this space.

25555

File No.

Registered No. 169

1. PLACE OF DEATH

14 County Callaway — Registration District No. 104

2. Township — Primary Registration District No. 3000

7 City Fulton (No. 4 St. Ward)

2. FULL NAME Raymond W. Williams

(a) Residence. No. [redacted] 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. 6 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

SEP 21 1932

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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: No information

6. DATE OF BIRTH (MONTH, DAY AND YEAR): No information

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	58	+	+	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

PARENTS

10. NAME OF FATHER: No information

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): No information

12. MAIDEN NAME OF MOTHER: No information

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): No information

14. INFORMANT: State Hospital Records
(Address): Fulton Mo

15. Filed Aug 18, 1932 R. N. Crews REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug. 17 - 1932

17. I HEREBY CERTIFY, That I attended deceased from Jany - 27 -, 1930, to Aug - 17 -, 1932 that I last saw him alive on Aug - 17 -, 1932, and that death occurred, on the date stated above, at 8:10 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hypostatic Pneumonia
93 C
111 B
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Chronic Myocarditis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) T. R. Frazer, M. D.

8-17-, 1932 (Address) Fulton State Hospital.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Loony Creek — DATE OF BURIAL: Aug 19/1932

20. UNDERTAKER: Brothers + Hawkins — ADDRESS: Bethel Mo