

SEP 9 8 1961

Long
Do not use this space.
26989

8048 1. PLACE OF DEATH
County Pitts Registration District No. 668 File No. _____
Township _____ Primary Registration District No. 3032 Registered No. 228
City Sedalia (No. 909, 6 / 13 St. _____ Ward) _____

2. FULL NAME William S. Williams
(a) Residence, No. 909 E 13th St., _____ Ward. _____
(Usual place of abode)
Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 7, 1931, to Aug. 28, 1932
I last saw him alive on Aug. 27, 1932 Death is said
to have occurred on the date stated above, at 458 Ave.
The principal cause of death and related causes of importance were as follows:
Ch. Febr. Myocarditis
131 ?

Other contributory causes of importance:
Infection

Name of operation None Date of
What test confirmed diagnosis? Laboratory Was there an autopsy? no
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) Frederic B. Long, M. D.
(Address) Bedford, Mass.

