

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

Do not use this space.

1. PLACE OF DEATH

12 County Butler
2 Township Poplar Bluff
7 City Poplar Bluff (No.) St. Ward)

Registration District No. 89
Primary Registration District No. 3007

File No. 31557
Registered No. 173

2. FULL NAME

Carolanus Williams
(a) Residence, No. Valley & West Sts St. 3 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Williams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 18 1867

7. AGE YEARS 64 MONTHS 9 DAYS 19 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. machinist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. auto 264
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) Liberty Hill

FATHER 13. NAME Perfus King Williams

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

MOTHER 15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Paul Williams (ADDRESS) Debort Mich

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty DATE Oct 9 1932

19. UNDERTAKER Beverly Funeral Home (ADDRESS) Poplar Bluff

20. FILED Oct 13 1932 W. J. Clary Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Oct 5 1932 to Oct 7 1932
I last saw him alive on 10-7-1932 Death is said to have occurred on the date stated above, at 4:30 P.M.

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

apoplexy
82A
J. H. W.
Other contributory causes of importance:
①

Date of onset 10-5-32

Name of operation Date of
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
(Signed) W. J. Clary M. D.
(Address) Poplar Bluff 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.

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