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.

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

Do not use this space.

34711

File No.

Registered No. 70

1. PLACE OF DEATH

7 County Bates — Registration District No. 50

3 Township — Primary Registration District No. 3004

4 City Butler (No. Butler Memorial Hospital St. Ward)

2. FULL NAME James Edwin Williams

(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 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: Mrs Susie Williams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 7. 1864

7. AGE: YEARS 68 | MONTHS 8 | DAYS 10 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: merchant.
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): Bates Co. Missouri 1

FATHER

13. NAME: James Taylor Williams.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky 2

MOTHER

15. MAIDEN NAME: Elizabeth Quisenberry
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cooper Co. Mo. Missouri 1

17. INFORMANT (ADDRESS): Mrs. G. P. Wyatt (Nutritively) Butler Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Hill. DATE Nov. 18, 1932

19. UNDERTAKER (ADDRESS): Culver's Butler Mo

20. FILED Nov 18, 1932 Nina L Culver, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 8th, 1932, to Nov 16th, 1932

I last saw him alive on Nov 16th, 1932. Death is said to have occurred on the date stated above, at 6 a m.

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

Chronic Myocarditis — Date of onset

131

93C 131

Other contributory causes of importance: Chronic Nephritis (1)

Name of operation — Date of

What test confirmed diagnosis? Clk. — 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? No
If so, specify
(Signed) L D LaHue, M. D.
(Address) Butler, Mo