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

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.

36486

1. PLACE OF DEATH

71 County Morgan — Registration District No. 601 — File No.

Township Highland — Primary Registration District No. 5796 — Registered No. 17

City ..... (No. ..... St. ..... Ward)

JAN 9 1933

2. FULL NAME Arlando George Williams

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(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.

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~~: Myrtle Hopper

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 21-1860

7. AGE: YEARS 72 — MONTHS 2 — DAYS 25 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. General Farming
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): Fall River, Wisconsin 2.

FATHER

13. NAME: Albert James Williams
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown 31

MOTHER

15. MAIDEN NAME: Amerilla Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Mrs Myrtle Williams, Otterville, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bethlehem Cem. DATE Nov. 17, 1932

19. UNDERTAKER (ADDRESS): C. R. Pratt & Son, Sedalia, Mo.

20. FILED Nov. 17, 1932 Mrs. Edwin Bremers, Registrar.

2 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 5:30 a.m.

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

Found dead in bed
Probable Heart Disease
95 B

Date of onset

Other contributory causes of importance: 95 B

Name of operation none 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? 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

5

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) S. N. Newton Coroner, M. D.
(Address) Versailles Mo