

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

Do not use this space.

38983

1. PLACE OF DEATH

County Cole
Township Jefferson City
City Jefferson City No. _____

Registration District No. 013
Primary Registration District No. 014

File No. 292
Registered No. _____
St. _____ Ward) _____

2. FULL NAME

(a) Residence, No. 812 E. 7th 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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 3 - 1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
5 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
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) Jefferson City, Mo.

MOTHER FATHER 13. NAME James E. Williams

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

MOTHER 15. MAIDEN NAME Fessie Spurl

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT (ADDRESS) James E. Williams, 812 E. 7th St. J. C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Resurrection Cem. J. C. Mo. DATE Jan. 21, 1933

19. UNDERTAKER (ADDRESS) Hannibal Funeral Home, J. C. Mo.

20. FILED 731 Dr. Bedford Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 20 - 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-3-, 1932, to 12-20, 1932

I last saw him alive on 12-19, 1932 Death is said to have occurred on the date stated above, at 4 A. m.

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

Broncho pneumonia Date of onset 12.3.32
11A
107A
Other contributory causes of importance: Gas engorgement

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? no

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) J. E. Miller M. D.
(Address) Miller Bldg. Jeff. City, Mo.

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.

JAN 22 1933

