

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

Do not use this space.

2330

1. PLACE OF DEATH
 64 County Marion Registration District No. 547
 Township Mason Primary Registration District No. 292A
 City Hazleton (No. 710 Vermont St) St. _____ Ward _____

2. FULL NAME James Williams
 (a) Residence, No. 710 Vermont 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 Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>78</u>			

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Laborer !!!

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) ala.

13. NAME James Williams

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

15. MAIDEN NAME

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

17. INFORMANT Mrs Bette Williams (ADDRESS) 710 Vermont St

18. BURIAL, CREMATION, OR REMOVAL PLACE Robinson Cem DATE 1-8 1933

19. UNDERTAKER Isaac E Roberts (ADDRESS) Hazleton

20. FILED Jan 7 W O Cousins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-5 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st 1933, to Jan 5th 1933
 I last saw him alive on Jan 5th 1933. Death is said to have occurred on the date stated above at 5:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Accidental Burn
 Date of onset _____

Other contributory causes of importance:

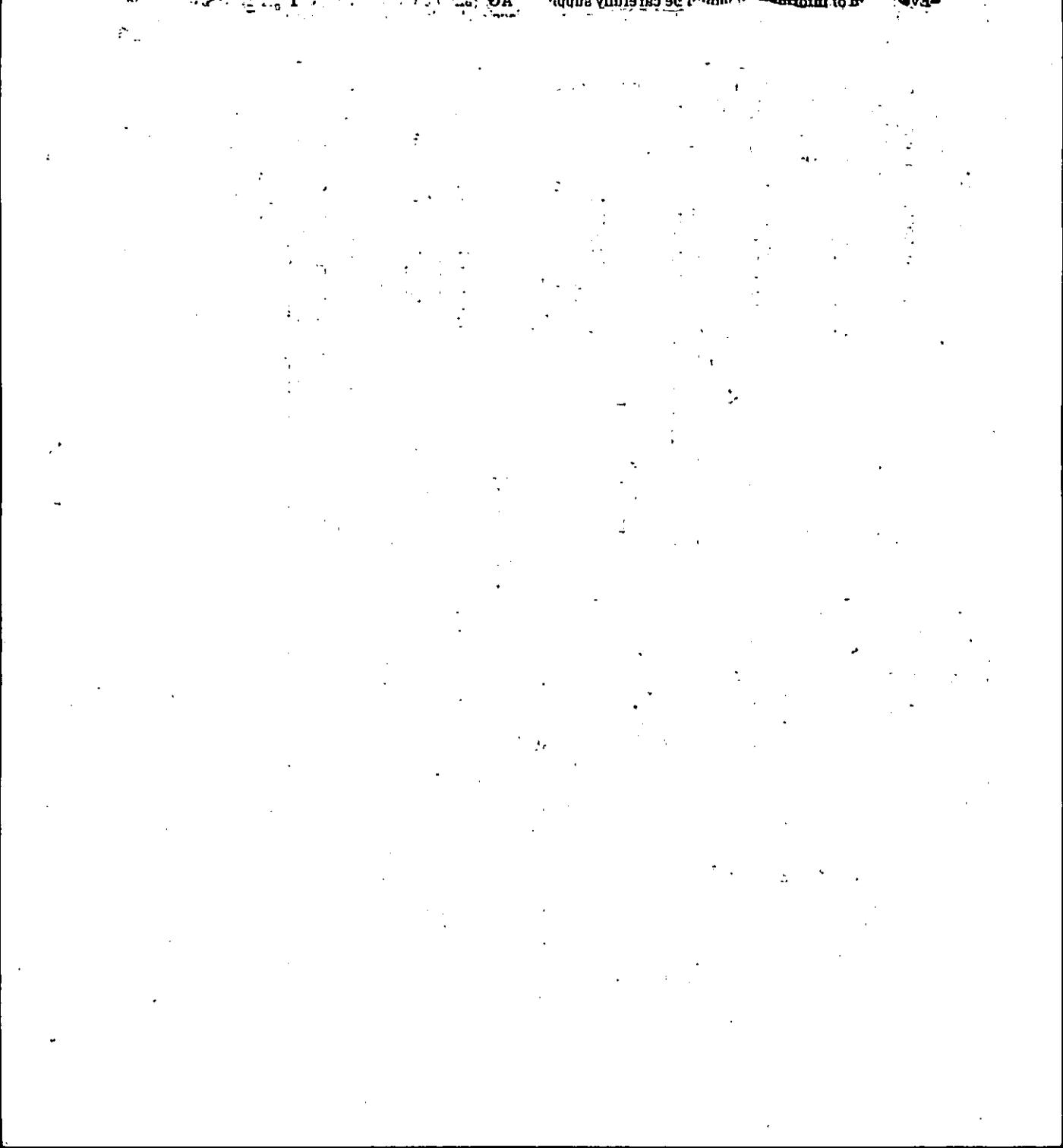
Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Acc Date of injury 1/1/33
 Where did injury occur? (at home) Hazleton Mo.
 (Specify city or town, county, and State) Marion County
 Specify whether injury occurred in industry, in home, or in public place. at home

Manner of injury Burn
 Nature of injury Burn

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) W O Cousins _____, M. D.
 (Address) Hazleton Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE 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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ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Marion Registration District No. 547
Township _____ Primary Registration District No. 3029
City Hannibal (No. _____)

File No. _____
Registered No. 17
St. _____ Ward _____

2. FULL NAME James 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 M 4. COLOR OR RACE B 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED M
(write the word)

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

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

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation _____ 11. Total time (years) _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 5, 1933

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

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the _____ suited above, at _____ m.

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

Accidental burn -
Date of onset _____

Other contributory causes of importance: 181

Site of operation _____ Date of _____
Test confirmed diagnosis? _____ Was there an autopsy? _____

If death was due to external causes (violence), fill in also the following:
Cause, nature, and date of injury? _____ 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.

Site of injury _____
Cause of injury _____

Was there any disease or injury in any way related to occupation of deceased?
Specify _____

Signature _____, M. D.

(Address) _____

Registrar _____

*Did the house
burn in this
case?
no.*

CERTIFICATE COMPLETE UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. OCCUPATION should be properly classified. Exact statement of OCCUPATION is very important.

5-2330