

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.

JUN 23 1933

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

M. E. Hill
Do not use this space.

1. PLACE OF DEATH
80 County Peter Registration District No. 668
4 Township Salalia Primary Registration District No. 3032
8 City Salalia (No. 1704, E 16) St. Salalia Ward 139

2. FULL NAME George B Williams
(a) Residence, No. 1704 E 16 St. Salalia Ward 139
(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 15 1861

7. AGE YEARS 71 MONTHS 8 DAYS 8 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as planer, 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 (month and year)

11. Total time (years) spent in this occupation

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

13. NAME Don't Know

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

15. MAIDEN NAME Mo.

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

17. INFORMANT Mrs Frances Williams (ADDRESS) Salalia Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Marshall Mo DATE 5/24 1933

19. UNDERTAKER Sigispe Trull (ADDRESS) Salalia Mo

20. FILED 5-24, 1933 J. L. Love Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 22, 1933 to May 23, 1933
I last saw him alive on May 22, 1933 Death is said to have occurred on the date stated above, at 5-a m.
The principal cause of death and related causes of importance were as follows:
Apoplexy
Chronic
131
131
Other contributory causes of importance:
Chronic
Name of operation None Date of None
What test confirmed diagnosis? None Was there an autopsy? None

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury None, 1933
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? None
If so, specify None
(Signed) Chas. H. Hill, M. D.
(Address) Salalia Mo

