

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

Do not use this space.

17558

1. PLACE OF DEATH  
 91 County Ripley Registration District No. 750  
 1 Township \_\_\_\_\_ Primary Registration District No. 59 P1  
 2 City Douglas (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Robert Raymond Williams  
 (a) Residence, No. Hardaling 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) Apr. 20-1884  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hra. or .....min.  
49 1 2

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public works  
 10. Date deceased last worked at this occupation (month and year) 1907 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Union Co Illinois  
 (STATE OR COUNTRY)

MOTHER FATHER  
 13. NAME Jas. A. Williams  
 14. BIRTHPLACE (CITY OR TOWN) Illinois  
 (STATE OR COUNTRY)

MOTHER FATHER  
 15. MAIDEN NAME Amanda Cabines  
 16. BIRTHPLACE (CITY OR TOWN) Ill  
 (STATE OR COUNTRY)

17. INFORMANT Omer Williams  
 (ADDRESS) Flatwoods road

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Spring Hill DATE 5-23-33

19. UNDERTAKER Family & Friends  
 (ADDRESS)

20. FILED 5-23-33 W R Smith  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22, 1933  
 22. I HEREBY CERTIFY That I attended deceased from Dec 15, 1932 to May 22, 1933  
 I last saw him alive on May 22, 1933 Death is said to have occurred on the date stated above, at 11: A. M.  
 The principal cause of death and related causes of importance were as follows:  
 \_\_\_\_\_ Date of onset \_\_\_\_\_

Surgical Shock  
23 A  
 Other contributory causes of importance:  
Trench abscesses 1903

Name of operation Pub. resectio Date of 5-22-33  
 What test confirmed diagnosis? operation 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. \_\_\_\_\_

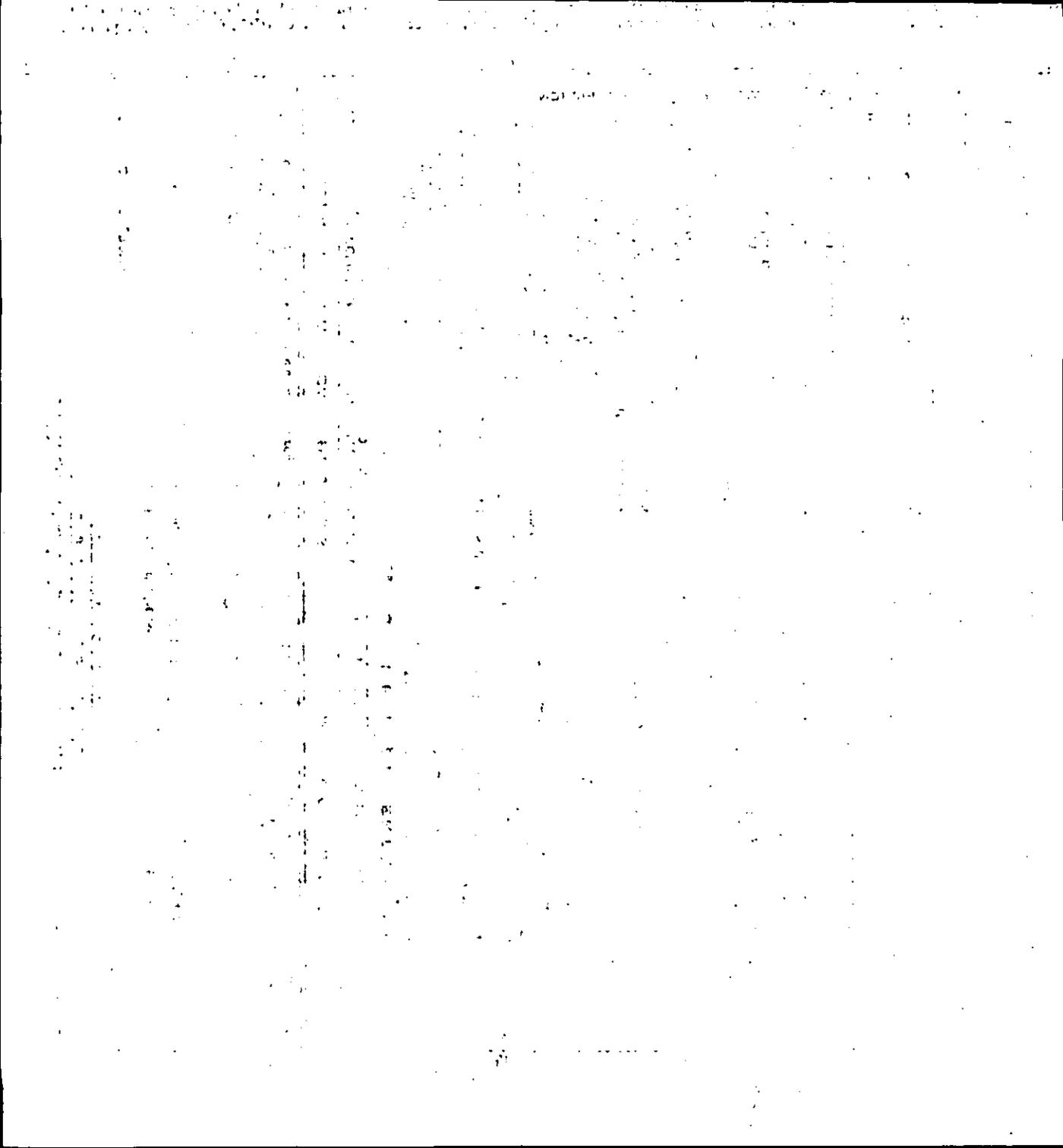
Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) R Williams M. D.  
 (Address) Douglas Mo.

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

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