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

Do not use this space.

20679

File No.

Registered No. 168

1. PLACE OF DEATH
County Gallia
Township Langsford
City (No. , St. , Ward)
Registration District No. 668
Primary Registration District No. 5498

2. FULL NAME "Baby" Williams
(a) Residence. No. R.F.D. Hughesville Mo. 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. 3 hrs. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Negro
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): June 4 1933
7. AGE — YEARS | MONTHS | DAYS: / | If LESS than 1 day, 3 hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): ( )
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN): Near Hughesville
(STATE OR COUNTRY): Missouri
PARENTS
10. NAME OF FATHER: Burton Williams
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Clover Rock
(STATE OR COUNTRY): Missouri
12. MAIDEN NAME OF MOTHER: Sara Robinson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Salem Co. Mo.
(STATE OR COUNTRY)
14. INFORMANT: Burton Williams
(Address) Hughesville Mo.
15. FILED 6-3 1933 J. D. Love REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 4 - 1933
17. I HEREBY CERTIFY, That I attended deceased from June 4 1933, to June 5 1933, that I last saw h. alive on June 5 1933, and that death occurred, on the date stated above, at 3:00 a. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cause of death unknown
The mother found baby dead lying beside her after a restful period
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) of Coma
(duration) hrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. D. Powell, M. D
, 19 (Address) Langsford Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Colorado Cem. Col.
DATE OF BURIAL: June 6 1933
20. UNDERTAKER: Burton Williams
ADDRESS: Hughesville 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.