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.

AUG 22 1933

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

Do not use this space.

1. PLACE OF DEATH

25 County Clinton — Registration District No. 204 — File No. 22638

1 Township Shoal — Primary Registration District No. 3013 — Registered No. 36

4 City Cameron (No. ..., ... St. ..... Ward)

2. FULL NAME Luke Williams

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 9, 1872

7. AGE: YEARS 600 — MONTHS 9 — DAYS 6 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Merchant
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): Clinton County, Missouri

FATHER

13. NAME: James Williams
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Booneville, Mo

MOTHER

15. MAIDEN NAME: Emily Stephenson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know

17. INFORMANT (ADDRESS): Mrs Hattie Williams, Cameron, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Harlin Cemetery — DATE: JUL 16 1933 — 19 Feb. 1933

19. UNDERTAKER (ADDRESS): Moore Funeral Home, Cameron, Mo.

20. FILED 7/15 1933 Dr O H Risley, Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 23, 1933, to July 14, 1933

I last saw him alive on July 14, 1933. Death is said to have occurred on the date stated above, at 2 9 m.

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

	Date of onset
Acute Nephritis	2 wks.
137	
130	
1258	

Other contributory causes of importance:

Chronic Prostatitis & Cystitis 1931.
Prostatectomy June 3 1933

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? ..... 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) C. Crompton DO
(Address) Cameron Mo.