WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

SEP 26 1933

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

Do not use this space.

26897

File No. .....

Registered No. 63

1. PLACE OF DEATH

55 County Lawrence Registration District No. 470

Township Mt Vernon (north) Primary Registration District No. 5633

~~City~~ ~~Mt. Vernon~~ (No. ..... St. ..... Ward)

2. FULL NAME Theodore Williams

(a) Residence, No. State Tubercular Sanatorium 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. 6 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.

4. COLOR OR RACE Black

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) Jany 3-1916

7. AGE 17 YEARS MONTHS 7 DAYS 4 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm 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) May 1932

11. Total time (years) spent in this occupation 4 or 5 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belle Air, Mo. Cooper Co

FATHER

13. NAME Leslie Williams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belle Air, Mo. Cooper Co.

MOTHER

15. MAIDEN NAME Fannie ~~Williams~~ Watkins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belle Air, Mo. Cooper Co.

17. INFORMANT (ADDRESS) Father Sanatorium Records Boonville, Mo

18. ~~BURIAL, CREMATION, OR~~ REMOVAL

PLACE ~~Boonville~~, Mo., DATE ..... 19....

19. UNDERTAKER (ADDRESS) Orr, Mt. Vernon, Mo. & Schwitzky & Wamhoff Boonville Mo

20. FILED Aug. 9, 1933 P. A. Hollis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 7th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1st, 1933, to Aug. 7th, 1933

I last saw him alive on Aug. 7th, 1933. Death is said to have occurred on the date stated above, at 12:45 a.m.

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

	Date of onset
Pulmonary tuberculosis, F. A.	Mar. 1932

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Laboratory 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? .....

If so, specify .....

(Signed) Scott P. Child, M. D.

(Address) Mt. Vernon, Mo.