

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

Do not use this space.

1682.

49 FEB 27 1934

PLACE OF DEATH

County Gasper Registration District No. 415
Township Sarsopie Primary Registration District No. 5571A
City Sarsopie St. _____ Ward)

File No. _____
Registered No. _____

2. FULL NAME

Amos Perry Williams
(a) Residence, No. _____ 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

MEDICAL CERTIFICATE OF DEATH

1. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12, 1852

7. AGE YEARS MONTHS Ds. If LESS than 1 day, hrs. or min.
81 6 9 18

8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. Farming

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) Unknown
Missouri

13. NAME "Unknown" Williams

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Walter Williams
(ADDRESS) Sarsopie, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sarsopie Cemetery DATE February 1, 1934

19. UNDERTAKER Oliver P. Cole
(ADDRESS) Sarsopie, Missouri

20. FILED 2/1, 1934 Beot Bragdon
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1933 to Jan 30, 1934
I last saw him alive on Jan 10, 1934 Death is said

to have occurred on the date stated above, at 10:30 A.M.
The principal cause of death and related causes of importance were as follows:

Carcinoma of
Stomach
46
46
Other contributory causes of importance:
Name of operation 6 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?
If so, specify _____
(Signed) Wm. Dimmock, M. D.
(Address) Boscawen, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. EARLY STATEMENT OF CAUSE OF DEATH VERY IMPORTANT.

1
X
X

