MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH

10 County: Boone — Registration District No.: 73 — File No.: 3929

3 Township: Columbia — Primary Registration District No.: 3006 — Registered No.: 56

8 City: Columbia (No. ..... St. ..... Ward)

2. FULL NAME: Floyd Williams

(a) Residence, No. 601 Rail Road St., 1st 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: 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): 7-22-1897

7. AGE: Years 36 — Months 6 — Days 26 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Laborer

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): Columbia, Missouri

FATHER

13. NAME: Robert Williams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Boone County, Missouri

MOTHER

15. MAIDEN NAME: Emmeline Rogers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Boone County, Missouri

17. INFORMANT: Zenobia Williams Neal
(ADDRESS): Tulsa Oklahoma

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Calvary Cemetery DATE: 2-23, 1934

19. UNDERTAKER: Stuart R. Parker
(ADDRESS): Columbia Missouri

20. FILED 2/23/1934 Allie Selby, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 7-21-19, 1934

22. I HEREBY CERTIFY, That I attended deceased from 7-21-18, 1934, to 7-21-19, 1934

I last saw him alive on 7-21-19, 1934. Death is said to have occurred on the date stated above, at 12:00 p.m.

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

	Date of onset
108	
Lobar Pneumonia	

Other contributory causes of importance:

Operation: 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? .....
If so, specify .....

(Signed) D. A. Moore, M. D.
(Address) Columbia 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.