

MAR 24 1934

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

Do not use this space.

5585

## 56. PLACE OF DEATH

County Lewis Registration District No. 477  
Township Dickerson Primary Registration District No. 3646  
City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_

Registered No. 112. FULL NAME Otto Ambrose 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

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 Florence I. Sellers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 30, 1895

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
38 6 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
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) Lewistown, Mo.  
(STATE OR COUNTRY)13. NAME W. E. Williams14. BIRTHPLACE (CITY OR TOWN) Adams County, Ill.  
(STATE OR COUNTRY)15. MAIDEN NAME Belle B. Anderson16. BIRTHPLACE (CITY OR TOWN) Lewistown, Mo.  
(STATE OR COUNTRY)17. INFORMANT Mrs. Florence I. Williams  
(ADDRESS) Lewistown, Mo.

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Lewistown, Mo. DATE Feb. 17, 193419. UNDERTAKER James A. Coder  
(ADDRESS) Lewistown, Mo.20. FILED Feb. 17, 1934 H. W. Harris  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 15, 193422. I HEREBY CERTIFY, That I attended deceased from 8:15 to 9:15, 1934

I last saw him alive on Feb 14, 1934. Death is said to have occurred on the date stated above, at 1:15 a.m.  
The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance:

Coronary Thrombosis  
50  
115A  
Date of onset months

Name of operation Removal of Tumor Date of 9:00 a.m.  
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, 1934

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) Harry L. G. Croden, M.D.  
(Address) Lewistown, 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.

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#2 Lewis

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS 5-5-85

E. T. McGaugh, M. D.,  
Special Agent,  
Jefferson City, Mo.

WASHINGTON

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Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Otto Ambrose Williams  
Who died at \_\_\_\_\_ on Feb - 12 - 1934  
Residence: No. \_\_\_\_\_ St. \_\_\_\_\_  
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
Sex M Color or race W ~~Single~~, married, widowed or divorced: \_\_\_\_\_

Date of birth \_\_\_\_\_ Age: Years 38 Months 6 Days 15

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_

Date deceased last worked at this occupation: Month \_\_\_\_\_ Year \_\_\_\_\_

Birthplace (State or country) \_\_\_\_\_

Birthplace of father (State or country) \_\_\_\_\_

Birthplace of mother (State or country) \_\_\_\_\_

Principal cause of death Brain Tumor  
Tumor Not Malignant 5-4-34

Other contributory causes of importance \_\_\_\_\_

Name of operation Removal of Tumor Date of not known

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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 \_\_\_\_\_

Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

Name of physician \_\_\_\_\_

Address of physician \_\_\_\_\_

Signature of Registrar [Signature] Date filed \_\_\_\_\_

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 477

Primary Reg. Dist. No. 5646

Very truly yours,  
E. T. M<sup>d</sup>. Gaugh, M.D.  
Special Agent.

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