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

Do not use this space.

File No. 10239

Registered No. 6

1. PLACE OF DEATH
County: Jackson
Township: Liberty
City: ..... (No. ..... St. ..... Ward)
Registration District No. 1115
Primary Registration District No. 6021

2. FULL NAME: Richard W Williams
(a) Residence, No. (Usual place of abode): Knob Lick Mo Ward. (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): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widower
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 20, 1858
7. AGE: Years 75 Months 9 Days 12 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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.: Farmer
10. Date deceased last worked at this occupation (month and year): 1920
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Knob Lick Mo

FATHER
13. NAME: John Williams
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky

MOTHER
15. MAIDEN NAME: Not Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not Known

17. INFORMANT (ADDRESS): C K Schilder
18. BURIAL, CREMATION, OR REMOVAL PLACE: Knob Lick DATE: Mar 3 1934
19. UNDERTAKER (ADDRESS): None
20. FILED: Mar. 3, 1934 F. G. A. Rydeen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1933, to March 2, 1934. I last saw him alive on July 20, 1934. Death is said to have occurred on the date stated above, at 6 10 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General Atherosclerosis	
& asthma	
9 7	
1 7	

Other contributory causes of importance:

Name of operation: Clinical 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) R. P. Abernathy, M. D.
(Address) Lamar 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.

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

APR 23 1934