

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.

MAY 25 1934

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

Do not use this space.

1934

PLACE OF DEATH
County Atchison Registration District No. 17
Township Clark Primary Registration District No. 4011
City Fairfax, Mo. St. _____ Ward _____

2. FULL NAME John Columbus Williams

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 7 yrs. 1 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

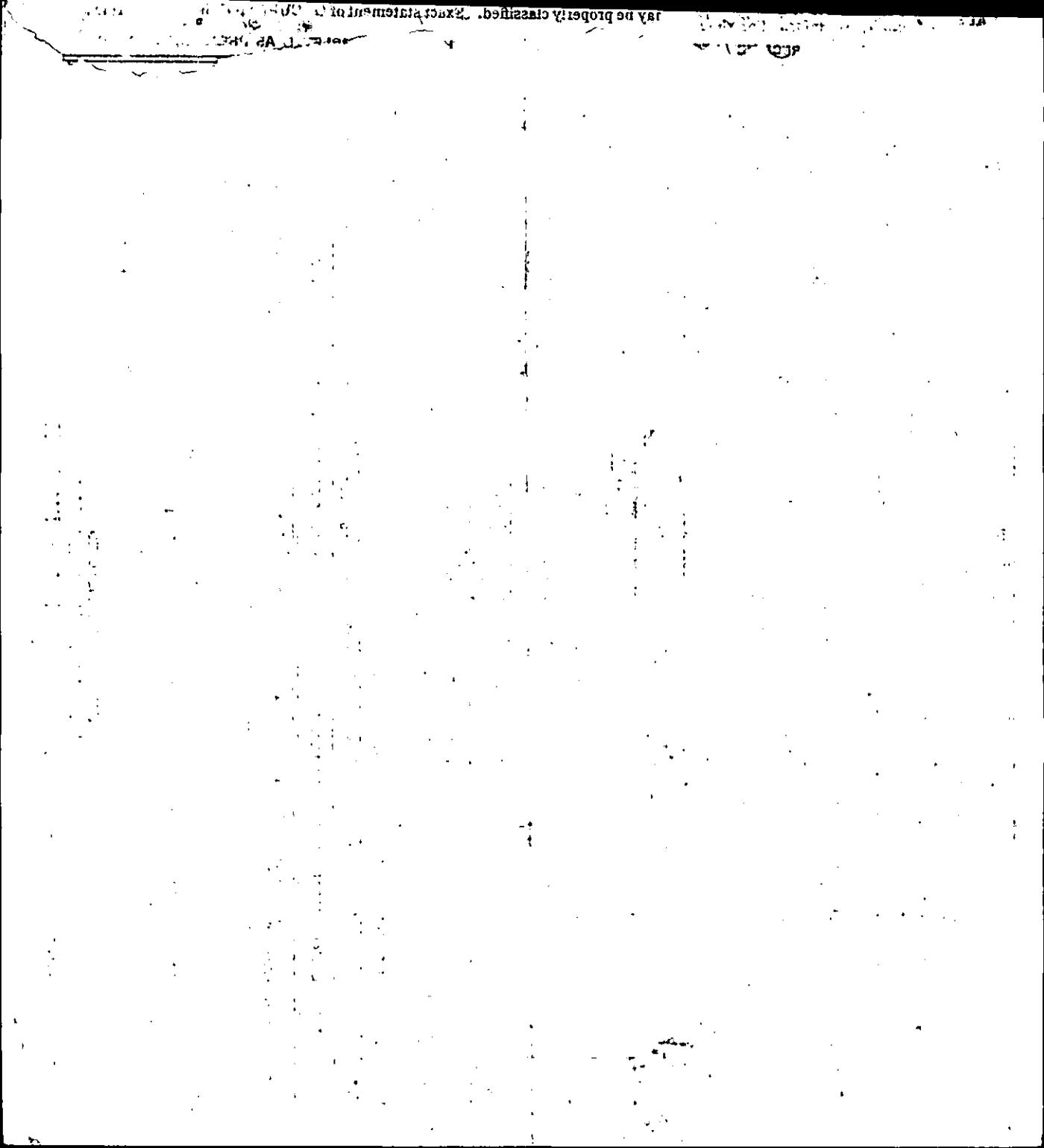
PERSONAL AND STATISTICAL PARTICULARS

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 Maggie (O'Neal) Williams
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 10 - 1859
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 2 17
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 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) (STATE OR COUNTRY) Milton Mo.
13. NAME Harvey Williams
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Carolina
15. MAIDEN NAME Caroline Culp
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
17. INFORMANT Mrs Maggie Williams (ADDRESS) Fairfax, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Ridge DATE Apr 29, 1934
19. UNDERTAKER H. H. Schooled (ADDRESS) Fairfax, Mo.
20. FILED Apr 29, 1934 Hetta B. Black Registrar.

15) MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-27-34, 1934
22. I HEREBY CERTIFY, That I attended deceased from April 18, 1934, to April 27, 1934
I last saw him alive on April 26, 1934 Death is said to have occurred on the date stated above, at 11:00 pm
The principal cause of death and related causes of importance were as follows:
Ulcer of jejunum 1933
Obstruction of Bowel (complete) 1934
Chronic myocarditis 1935
Other contributory causes of importance: General arteriosclerosis 1930
Secondary anemia 1933
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? yes
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? no
If so, specify _____
(Signed) Melvin A. Mulbrania, M. D.
(Address) Fairfax, Mo



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Atchison Registration District No. 17
Township Fairfax Primary Registration District No. 4 P 11
City Fairfax (No.) St. Ward (....)

File No.
Registered No.

2. FULL NAME

John Columbus 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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>M</u> (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE	YEARS	MONTHS
		DAYS
		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.	
	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)		
FATHER	13. NAME	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
17. INFORMANT (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	DATE	
19. UNDERTAKER (ADDRESS)		
20. FILED <u>June 10, 1974</u> <u>Peter B. Black</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from to

I last saw him alive on, 19..... Death is said to have occurred on the m.

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

Ulcer of Jejunum
Obstructed Stomach of Bowel
Enteritis, due to
Adhesions and contractures
of Small intestine a site of Ulcer
Other contributory causes of importance:
Gen. Arteriosclerosis
Secondary Erythremia
(There was no Malignancy)

Name of operation Date of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury

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) Melvin A. Mulvaney

(Address) Fairfax, Mo.

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED.

5-11811