

MAY 25 1934

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

Do not use this space.

## 1. PLACE OF DEATH

County RandolphRegistration District No. 732Township MarquettePrimary Registration District No. 4437City Highbee

(No. ....)

St. ....

Ward) .....

## 2. FULL NAME

Miles 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)

Single

## 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Jan 12 1867

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

6732

## OCCUPATION

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

Merchant

## 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)

South Wales

## FATHER

## 13. NAME

Thomas J. Williams 8

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

South Wales

## MOTHER

## 15. MAIDEN NAME

Sarah Thomas

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

South Wales

## 17. INFORMANT (ADDRESS)

Tom Williams Highbee Mo RFD

## 18. BURIAL, CREMATION, OR REMOVAL

Highbee Mo

## PLACE

Highbee Mo

## DATE

April 17 1934

## 19. UNDERTAKER (ADDRESS)

B. L. Island Highbee Mo

## 20. FILED

19.....

Registrar.

## 2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15 1934

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

March 30 1934 to April 15 1934I last saw him alive on April 13 1934 Death is saidto have occurred on the date stated above, at 7 P. m.

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

Fatty Degeneration of Heart

Date of onset

Other contributory causes of importance

Chronic Alcoholism

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 .....

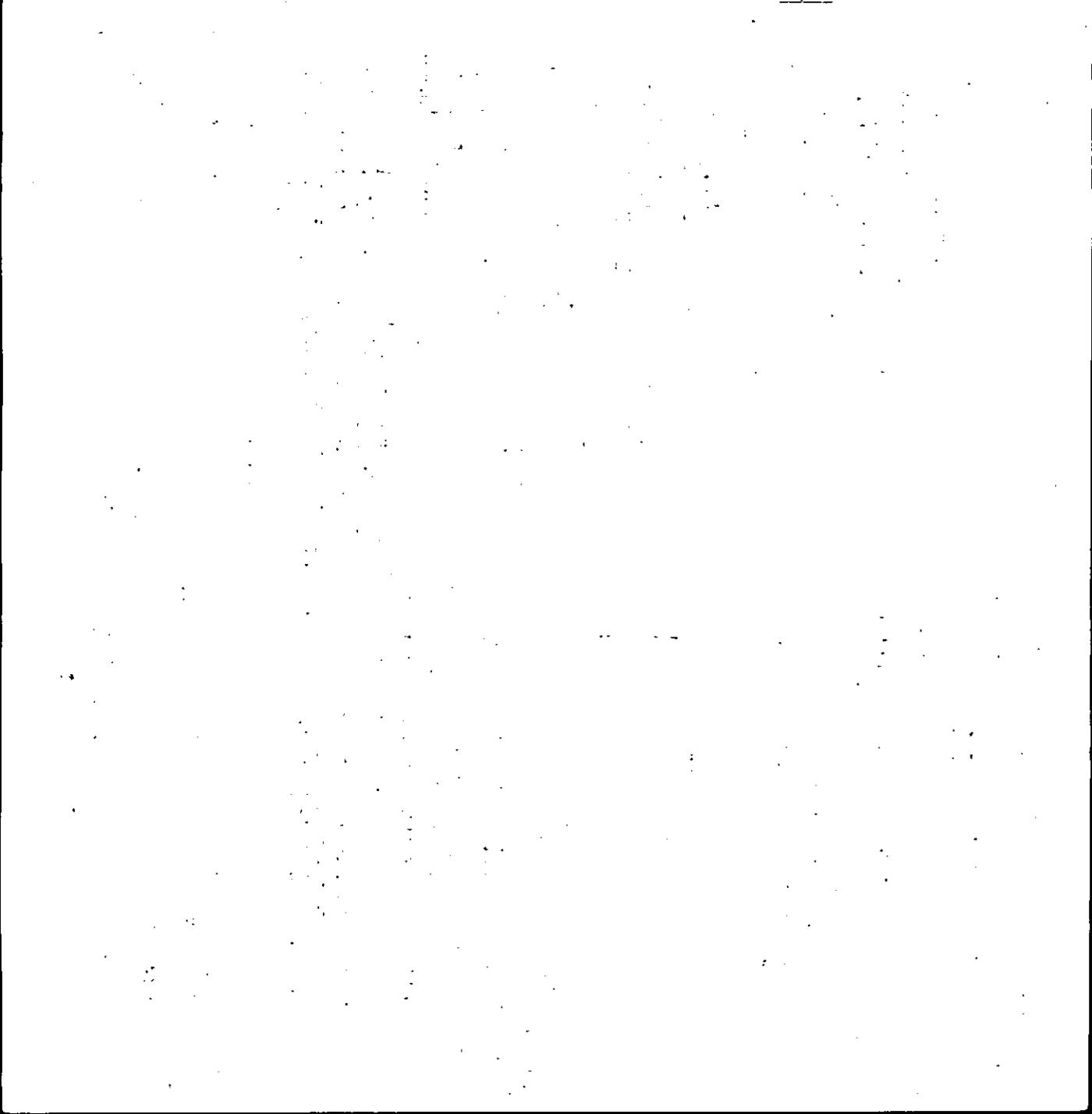
## 24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. F. Burnhatter

, M. D.

(Address) Highbee 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 Randolph

Registration District No. 732

Township Higbee

Primary Registration District No. 4437

City Higbee (No. ....)

File No. ....

Registered No. 11

St. .... Ward

**2. FULL NAME**

Miles 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**

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) s

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 15, 1934

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

22. I HEREBY CERTIFY, That I attended deceased from

to ..... 19....., 19.....  
I last saw h..... alive on....., 19..... Death is said

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

to have occurred on the ..... m.  
The principal cause of death and related causes of importance were as follows:

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

Other contributory causes of importance:

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

Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

13. NAME

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

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)

15. MAIDEN NAME

Specify whether injury occurred in industry, in home, or in public place.

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

Manner of injury .....  
Nature of injury .....

17. INFORMANT (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased? .....

18. BURIAL, CREMATION, OR REMOVAL

If so, specify .....

PLACE ..... DATE ..... 19.....

19. UNDERTAKER (ADDRESS)

(Signed) ..... , M. D.

20. FILED 4/17 1934 J.H. [Signature] Registrar

(Address) .....

**SUPPLEMENTARY**

S-13917