

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

Do not use this space.

**1. PLACE OF DEATH**

County Wagon Wheel  
Township Senath  
City Senath (No. \_\_\_\_\_)

Registration District No. 290  
Primary Registration District No. 4174

File No. 16290  
Registered No. 34 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(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.

James B Williams

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Janie Williams</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 17, 1886</u>		
7. AGE YEARS <u>47</u>	MONTHS <u>4</u>	DAYS <u>23</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Labor</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>X</u>		
10. Date deceased last worked at this occupation (month and year) _____		
11. Total time (years) spent in this occupation <u>X</u>		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10, 1934  
22. I HEREBY CERTIFY, That I attended deceased from May 8, 1934, to May 10, 1934  
I last saw him alive on May 10, 1934 Death is said to have occurred on the date stated above, at 3:00 p.m.  
The principal cause of death and related causes of importance were as follows:  
Lobar pneumonia

Date of onset  
5-3-34

Other contributory causes of importance:  
10/10

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wagon Wheel, Mo</u>
	13. NAME <u>Jim Williams</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>
	15. MAIDEN NAME <u>Thomas Walker</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>
	17. INFORMANT (ADDRESS) <u>Janie Williams, Senath, Mo</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Senath, Mo, May 14, 1934</u>
	19. UNDERTAKER (ADDRESS) <u>W Daniel Steward, Senath, Mo</u>
20. FILED <u>6-1</u> , 19 <u>34</u> <u>By Aspidochelone</u> Registrar.	

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?  
Specify \_\_\_\_\_  
(Signed) Dr. Aspidochelone, M. D.  
(Address) Senath, 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. JUN 21 1934

