

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

Do not use this space.

**1. PLACE OF DEATH**

County Jackson Registration District No. 377  
 Township Keosauqua Primary Registration District No. 733  
 City Keosauqua (No. 912 Ward Parkway St. 2758 Ward)

File No. 16869

Registered No. 22398

**2. FULL NAME**

(a) Residence, No. 912 Ward Hwy. St. 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 19 1863

7. AGE YEARS 71 MONTHS 1 DAYS 0 If LESS than 1 day, ..... hrs. .... min.

8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Restaurant Bus.

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) England

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS) Mr Minnie Williams 912 Ward Hwy

18. BURIAL, CREMATION, OR REMOVAL PLACE Cremation DATE May 21 31

19. UNDERTAKER (ADDRESS) Funerary Co

20. FILED May 20 1934 M. M. Crowe Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/19/34, 19

22. (If not a physician, name of attending physician) Dr. J. J. ... Deceased from

I last saw him alive on 5/19/34 Death is said

to have occurred on the date stated above, at 9:30 m.

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

Gunshot wound of the chest Date of onset 167

Other contributory causes of importance:

Name of operation Autopsy Date of 5/19/34

What test confirmed diagnosis Smear Was there an autopsy Yes

23. If death was due to external causes (violence) fill in also cause of death Smear 5/19/34

Accident, suicide, or homicide Smear 5/19/34

Where did injury occur 912 Ward Parkway (Specify city, town, county, and State)

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

Manner of injury Shot in chest

Nature of injury Shot in chest

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

If so, specify Both

(Signed) [Signature], M. D.

(Address) [Signature]

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 19 1934

WHITE LABEL, WITH CONTAINING INFORMATION IS A PERMANENT RECORD

