

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

Do not use this space.

**1. PLACE OF DEATH**

County Cass Registration District No. 408  
Township Wagon Primary Registration District No. 3020  
City McBain - Goodby Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 17107  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Horner Williams  
(a) Residence, No. Route 2 - Reeds, Mo. Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 42 yrs. mos. 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 <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>Faye Williams</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 12, 1892</u>		
7. AGE	YEARS <u>42</u>	MONTHS <u>2</u>
	DAYS <u>24</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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	

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6, 1934  
22. I HEREBY CERTIFY, That I attended deceased from May 3, 1934, to May 6, 1934.  
I last saw him alive on May 5, 1934. Death is said to have occurred on the date stated above, at 1.00 m.

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

General Peritonitis following Perforated gastric ulcer  
117P  
Date of onset May 2  
Other contributory causes of importance: none

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

FATHER 13. NAME H. H. Williams

14. BIRTHPLACE (CITY OR TOWN) Mt. Vernon  
(STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Rosa Brown

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

17. INFORMANT (ADDRESS) Miss Horner Williams  
Route 2 - Reeds, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Williams DATE May 8, 1934

19. UNDERTAKER Frederick M. Arthur  
(ADDRESS) Carthage, Mo.

20. FILED May 8, 1934 L. B. Colburn  
Registrar.

Name of operation Repair stomach wall Date of May 3  
What test confirmed diagnosis? operation Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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) H. A. LaFare M. D.  
(Address) Carthage, 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 22 1934

