

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

Whelan
Do not use this space.

17657

1. PLACE OF DEATH

County Pettis
Township _____
City Sedalia

Registration District No. _____
Primary Registration District No. 3032
(No. Bothwell Hosp.)

File No. 160
Registered No. 668
St. _____ Ward _____

2. FULL NAME J. Fred Williams

(a) Residence, No. 1202 E 9th. 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 13 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 1 25

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) Penn.

13. NAME Joseph Williams

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

15. MAIDEN NAME ..

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

17. INFORMANT Walter Williams
(ADDRESS) Sedalia Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE May 9 1934

19. UNDERTAKER Gillespie Funeral Home
(ADDRESS) Sedalia Mo.

20. FILED 5-9- 1934 Jean Slack
Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8/34, 19

22. I HEREBY CERTIFY, That I attended deceased from May 2-, 1934, to May 8-, 1934.
I last saw him alive on May 8, 1934. Death is said to have occurred on the date stated above, at 5 a. m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Prostate Date of onset

Other contributory causes of importance:

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? 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

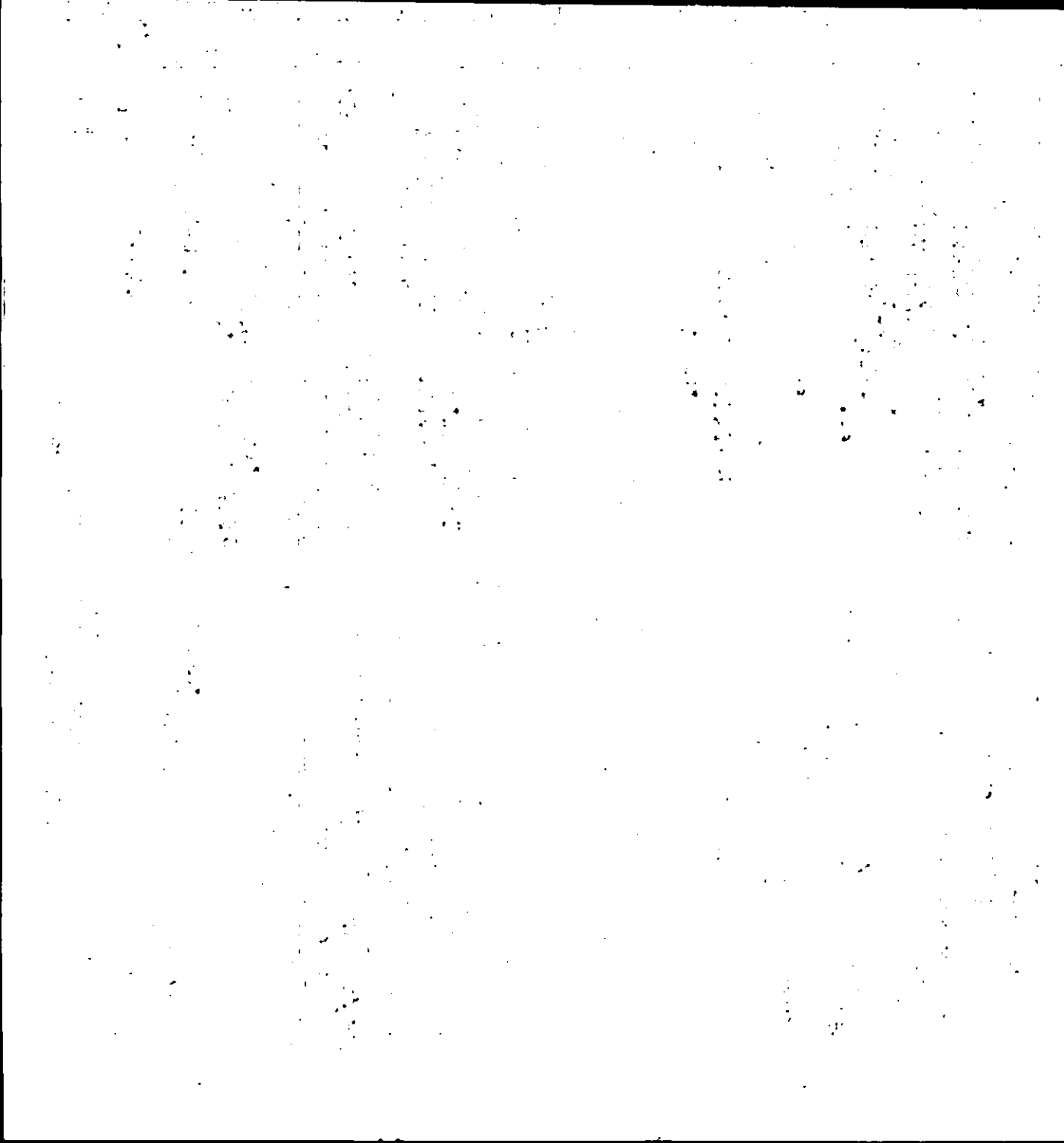
If so, specify

(Signed) W. H. Whelan, M. D.

(Address) Sedalia Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 25 1934



**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 Pettis
Township Sedalia
City Sedalia (No.)

Registration District No. 668
Primary Registration District No. 3032

File No.
Registered No. 160
St. Ward)

2. FULL NAME

(a) Residence, No. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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.

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)

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

15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19...

19. UNDERTAKER (ADDRESS)

20. FILED 19 Jan 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8, 1934

22. I HEREBY CERTIFY That I attended deceased from May 2 to May 8, 1934. I last saw him alive on May 8, 1934. Death is said to have occurred on the date stated above, at m.

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

Cerebral aneurysm of prostate Date of onset

Other contributory causes of importance:

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) Wm. W. Walker, M. D.
(Address) Sedalia

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

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