

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

Do not use this space.

1. PLACE OF DEATH

County Wandolph Registration District No. 735 File No. 21560
 Township Wabash Primary Registration District No. 3034 Registered No. 94
 City Wabash (No. Wabash Hospital) St. 21 Ward)

2. FULL NAME

(a) Residence, No. Wabash St. Wabash Ward. O'erguson
 (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 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 Lina Williams
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 12-1868
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 7 30
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroad car repairer.
 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) Mo.

FATHER 13. NAME John P. Williams

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

MOTHER 15. MAIDEN NAME Mary Cahill

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

17. INFORMANT Mrs. S. P. Williams (ADDRESS) O'erguson Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Abbeville, Mo DATE 6/14 1934

19. UNDERTAKER W. L. ... (ADDRESS) Wabash Hospital

20. FILED 6/11 1934 Virginia ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 11-1934

22. I HEREBY CERTIFY that I attended deceased from April 7 1934 to June 11 1934
 I last saw him alive on June 11 1934 Death is said to have occurred on the date stated above, at 4:30 P.M.
 The principal cause of death and related causes of importance were as follows:

Chronic myocarditis Date of onset
93 C
95 AHO
 Other contributory causes of importance:
Auricular fibrillation

Name of operation None Date of —
 What test confirmed diagnosis? C. Lab. Was there an autopsy? No

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? No
 If so, specify —

(Signed) W. E. Kaiser M. D.
 (Address) Wabash Hospital
Wabash, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

