SEP 12 1934

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

Do not use this space.

1. PLACE OF DEATH
County: Buchanan — Registration District No.: — File No.: 28399
Township: — Primary Registration District No.: — Registered No.: 983
City: St. Joseph, (No. St. Joseph's Hospital St. Ward)

2. FULL NAME: Benjamin F. Williams
(a) Residence, No. 219 No. 13th. St. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 60 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: Martha B. Williams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 25, 1869

7. AGE: YEARS 64 — MONTHS 10 — DAYS 24 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Wholesale Coal
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Dealer.
10. Date deceased last worked at this occupation (month and year): Aug. 1934
11. Total time (years) spent in this occupation: 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Andrew Co. Mo.

FATHER
13. NAME: Calvin Williams
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown unknown

17. INFORMANT (ADDRESS): Mrs. Martha B. Williams 219 No. 13th. St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt. Auburn Cemetery DATE: Aug. 21, 1934

19. UNDERTAKER (ADDRESS): Walter Meinhoffer 1302 Faraon St. St. Joseph, Mo.

20. FILED 8-21- 1934 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug. 19, 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1934, to Aug 19, 1934
I last saw him alive on Aug 19, 1934. Death is said to have occurred on the date stated above, at 5.00 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	1932
1931	
97	
1338	

Other contributory causes of importance:
Uremia — Aug 10 1934
Arteriosclerosis (general)

Name of operation: None — Date of
What test confirmed diagnosis: Urine + Blood — 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? no (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury: none
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) [signature], M. D.
(Address) 825 Charles St. St. Joseph, 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.