

SEP 18 1934

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

Do not use this space.

30395

1. PLACE OF DEATH *Pike*
 County *Pike* Registration District No. *688*
 Township _____ Primary Registration District No. *5916*
 City *Frankford* (No. _____) St. _____ Ward _____

2. FULL NAME *Chas Williams*
 (a) Residence, No. _____ 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.

File No. _____
 Registered No. *23*

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *Gal* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *11-2-1861*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<i>72</i>	<i>9</i>	<i>20</i>	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Teacher*
 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) *Frankford Mo*

FATHER
 13. NAME *Thomas Williams*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Frankford Mo*

MOTHER
 15. MAIDEN NAME *Mary Williams*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo*

17. INFORMANT (ADDRESS) *Estelle Woodson Mt Vernon Ill*
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Frankford* DATE *8-25* 19*34*

19. UNDERTAKER (ADDRESS) *Geo E Roberts Frankford Mo*

20. FILED *Aug 29 - 1934* *Mattie Unsell* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *8-22* 19*34*

22. I HEREBY CERTIFY, That I attended deceased from *March 27*, 19*34*, to *Aug 22*, 19*34*. I last saw *him* alive on *Aug 22*, 19*34*. Death is said to have occurred on the date stated above, at *10:30* a.m. The principal cause of death and related causes of importance were as follows: *Diphtheria mellitus*

Date of onset _____

Other contributory causes of importance *59*

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) *O. W. Woodgrass*, M. D.
 (Address) *Frankford, 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.

