

OCT 9 1934

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

Do not use this space.

32323

1. PLACE OF DEATH

County Cole Registration District No. 213
Township _____ Primary Registration District No. 3014
City Jefferson City (No. _____) St. _____ Ward _____

File No. 278
Registered No. 213

2. FULL NAME

(a) Residence, No. James Williams #216339 Ward _____
(Usual place of abode) Mo. State Prison

Length of residence in city or town where death occurred 10 yrs. 8 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 6, 1899

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
35 5 21

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Common laborer
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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Jefferson City DATE Oct 4 1934

19. UNDERTAKER (ADDRESS) Lawson - Janner
Jefferson City, Mo.

20. FILED Oct 2 1934 Dr. B. J. Ford Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 27 1934

22. I HEREBY CERTIFY, that I attended deceased from Sept 5 1934 to Sept 27 1934

I last saw him alive on Sept 27 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:

Haemorrhage Date of onset

1178

1038

Other contributory causes of importance: Wheeler of Wisconsin

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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?

If so, specify W. H. Peck (Signed) _____, M. D.

(Address) Jefferson City, 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.

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