

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.

OCT 9 1934

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

Do not use this space.

33911

1. PLACE OF DEATH
 94 County St. Francois Registration District No. 772
 5 Township St. Francois Primary Registration District No. 4463
 6 City Evans (No. _____ St. _____ Ward _____)

2. FULL NAME Charles C. Williams
 (a) Residence, No. Evans Mo Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 30 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 Eva Williams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10th 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
62 2 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
of Joe Lead Co

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
miner

10. Date deceased last worked at this occupation (month and year) 7/8/34 11. Total time (years) spent in this occupation 30

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

13. NAME James Williams

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

15. MAIDEN NAME Cornelia Underwood

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

17. INFORMANT Eva Williams (ADDRESS) Evans Mo

18. BURIAL, CREMATION, OR REMOVAL woodbury cemetery DATE 10-23 19

19. UNDERTAKER Cedwell Braz (ADDRESS) Evans Mo

20. FILED 10-6 19 34 B. B. Barrar Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/30 1934

22. I HEREBY CERTIFY, That I attended deceased from 9/20, 1934, to 9/30, 1934.
 I last saw him alive on 9/30, 1934. Death is said to have occurred on the date stated above, at 10:30 p. m.
 The principal cause of death and related causes of importance were as follows:
acute Dilatation of Heart
92H
73C
45B
 Other contributory causes of importance chronic myocarditis with cardiac hypertrophy and mitral regurgitation
 Date of onset 9/30/34

Name of operation none Date of _____
 What test confirmed diagnosis physical exam & H&E 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 no, 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 no
 Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____

(Signed) Paul T. Jones, M. D.
 (Address) Flak River, Mo

1822
1934