

OCT 18 1934

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

Do not use this space.

34891

1. PLACE OF DEATH

County Saline Registration District No. 796  
Township Marshall Primary Registration District No. 3038  
City Marshall (No. 473) St. Redman St. 2nd Ward

File No. \_\_\_\_\_  
Registered No. 138

2. FULL NAME Sylvester Robert Williams

(a) Residence, No. 473 St. Redman 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jennie Emery</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE YEARS <u>43</u>	MONTHS <u>8</u>	DAYS <u>13</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>	
	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) <u>Marshall</u> (STATE OR COUNTRY) <u>Missouri</u>		
FATHER	13. NAME <u>John B. Williams</u>	
	14. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Mary Talton</u>	
	16. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>Missouri</u>	
17. INFORMANT <u>Mary Williams</u> (ADDRESS) <u>516 E. Washington St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Fairview (Cem)</u> DATE <u>9-28-34</u>		
19. UNDERTAKER <u>Feagore-Williams</u> (ADDRESS) <u>1641 W. North St. Marshall, Mo.</u>		
20. FILED <u>9/27 1934</u> <u>Walter Weston</u> <u>Deputy Registrar</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 25 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 23 1934 to Sept 25 1934  
I last saw him alive on Sept 25 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:  
Intestinal Obstruction Date of onset 9-22-34  
Acute Dilatation of Heart 9-25-34  
Other contributory causes of importance \_\_\_\_\_

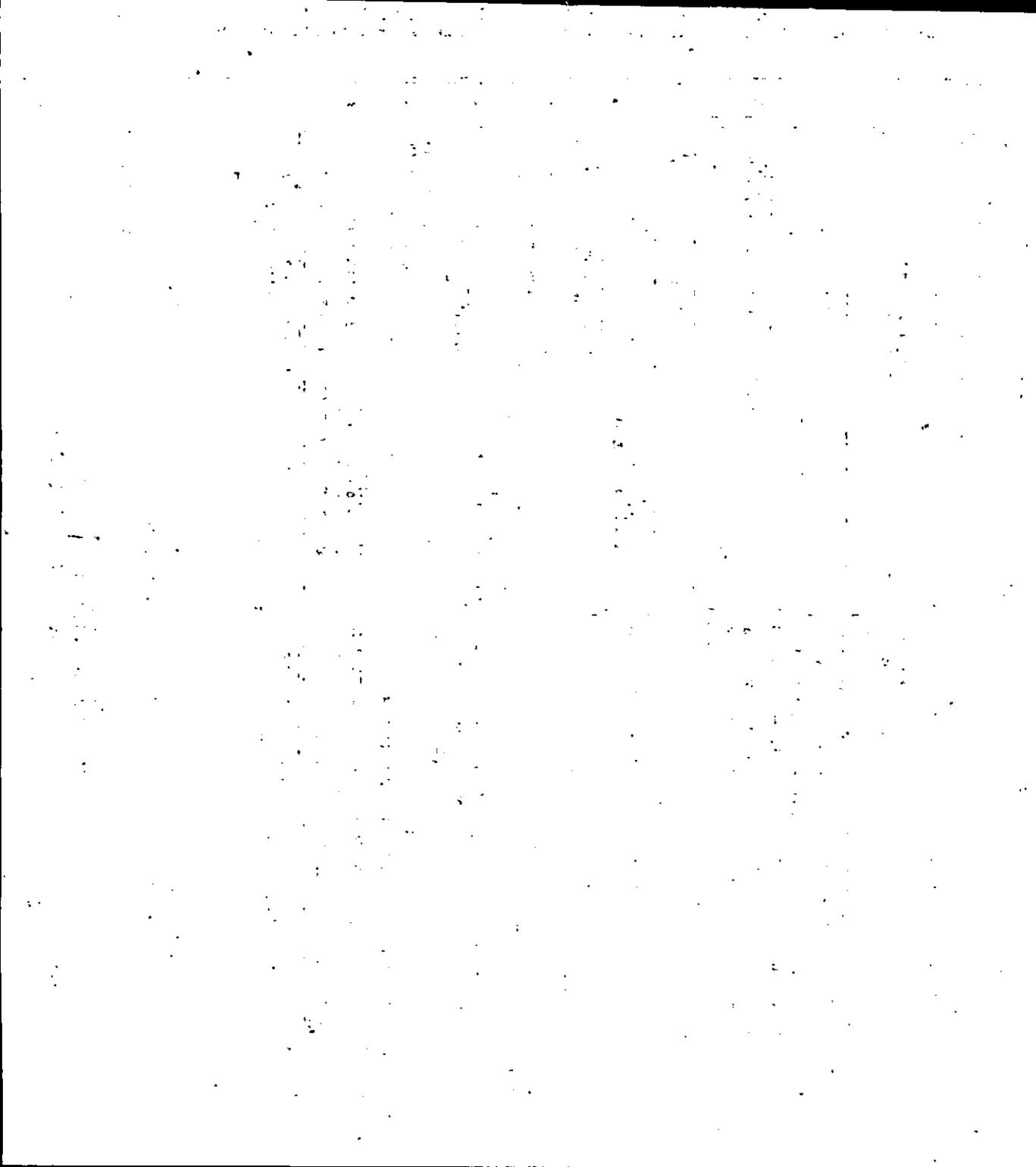
Name of operation Abdominal Date of Sept 27 1934  
What test confirmed diagnosis Physical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1934  
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. H. Madison, M. D.  
(Address) Marshall 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.



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Saline

Registration District No. 796

Township Marshall

Primary Registration District No. 3028

City Marshall (No. ....)

File No. ....

Registered No. 138

St. .... Ward)

**2. FULL NAME**

Sylvester Robt 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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Mar.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 12 - 1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
43 8 13

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

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 19 1934 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. .... alive on ...., 19. 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:

Intestinal Obstruction Date of onset

Strangulated right inguinal hernia

12 2 1/2

Other contributory causes of importance

Severe dilatation of heart

Aortic stenosis (chronic)

Name of operation Exploratory herniotomy Date of 25 23-34

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) M. D.

(Address)

SUPPLEMENTARY

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

