

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.

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

Do not use this space.

NOV 16 1934

1. PLACE OF DEATH

County Butler  
Township  
City Paplar Bluff (No. \_\_\_\_\_)

Registration District No. 89  
Primary Registration District No. 3007

File No. 35337  
Registered No. 226  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

John Everett Williams

(a) Residence, No. Mi. S. Julian Mo. St. Ward. \_\_\_\_\_

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. 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 Dollymay E. Williams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 6 1889

7. AGE YEARS 45 MONTHS 5 DAYS 15 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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) Oct 20 1934 11. Total time (years) spent in this occupation. all life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

FATHER 13. NAME Hogarth Williams

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

MOTHER 15. MAIDEN NAME Missouri Smith

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

17. INFORMANT Dollymay Williams (ADDRESS) Julian Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Julian Cem DATE \_\_\_\_\_ 19.

19. UNDERTAKER N. T. Phelps (ADDRESS) Paplar Bluff Mo

20. FILED 10-24-1, 1934 W. S. Bailey Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 21, 19 34

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 1 P. m.

The principal cause of death and related causes of importance were as follows:

Internal Hemorrhage Date of onset 10-20-34

Chest cavity

240 E  
1038  
Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external cause (violence), fill in also the following: Accident, suicide, or homicide? ACCIDENT Date of injury 10-20, 1934  
Where did injury occur? Butler Co - Mo! (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Highway  
Manner of injury Hit by car  
Nature of injury Crushed chest wall

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

(Signed) J. Richard Reynolds (CORONER)  
(Address) Paplar Bluff Mo

