

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

Do not use this space.

43508

JAN 1 8 1935

**1. PLACE OF DEATH**

County *Lafayette*  
Township *Lafayette*  
City *Lafayette* (No. *1*)

Registration District No. *460*  
Primary Registration District No. *4279*

File No. \_\_\_\_\_  
Registered No. *15*  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (write name) _____ WIFE OF <i>Jeanie Williams</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>April 5 1853</i>		
7. AGE YEARS <i>81</i>	MONTHS <i>8</i>	DAYS <i>13</i>
If LESS than 1 day, _____ hrs. or _____ min.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec 17 1934*

22. I HEREBY CERTIFY, That I attended deceased from *Dec 4th* 1934, to *8 AM* 1934, 1934

I last saw him alive on *Dec 18th* 1934. Death is said to have occurred on the date stated above, at *12:30 P.M.*

The principal cause of death and related causes of importance were as follows:  
*Cerebral Hemorrhage* Date of onset *12-4-34*

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

Other contributory causes of importance:  
*829*  
*1320*  
*Arteriosclerosis*

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

13. NAME *Noah Williams*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *North Carolina*

15. MAIDEN NAME *Mary Day*

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

17. INFORMANT (ADDRESS) *Mrs P.D. Williams Lafayette MO*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Bushnell Mo* DATE *Dec 20 1934*

19. UNDERTAKER (ADDRESS) *Ernest Begett Lafayette MO*

20. FILED *Dec 19 1934* *F. W. Mann Registrar*

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) *F. W. Mann* M. D.

(Address) *Wellington*

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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