

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 22 1935

44249

1. PLACE OF DEATH
 95 County St. Genevieve Registration District No. 780
 Township St. Genevieve Primary Registration District No. 6025
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Alexander Williams
 (a) Residence, No. St. Genevieve, Mo. Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

File No. _____
 Registered No. 64

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 15 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 ✓ 23

OCCUPATION
 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) _____ 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) River Aux Vases Missouri

MOTHER
 13. NAME Norman Williams
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

FATHER
 15. MAIDEN NAME Elizabeth unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Joseph Williams
 (ADDRESS) St. Genevieve, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ruth Cemetery DATE 12-10 1934

19. UNDERTAKER Leg. C. Blaker
 (ADDRESS) St. Genevieve, Mo.

20. FILED Dec 9 1934 T. W. Douglas
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-8-34

22. I HEREBY CERTIFY, That I attended deceased from March 1934, to Dec 8 1934
 I last saw him alive on Dec 7 1934 Death is said to have occurred on the date stated above, at 9:20 A.M.
 The principal cause of death and related causes of importance were as follows:

Gestatic Pneumonia Date of onset 2 days
Prostatic Hypertrophy
Chronic Myocarditis 5 yrs
5 yrs

Other contributory causes of importance:
None
 Name of operation _____ Date of _____
 What test confirmed diagnosis Sigmoidoscopy 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 None
 Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) Co. J. J. J. J. M. D.
 (Address) St. Genevieve, Mo.

