

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

Do not use this space.

4960

MAR 25 1935

1. PLACE OF DEATH

County Osage

Registration District No. 305

Township

Primary Registration District No. 4184

City Owensville

(No. _____)

File No. _____

Registered No. H

St. _____

Ward _____

2. FULL NAME

Madison Eugene Williams

(a) Residence, No. _____

(Usual place of abode)

Owensville

St. _____

Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 2 mos. 4 ds.

How long in U. S., if of foreign birth? _____

ys.

mos.

ds.

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

Widower

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

May 13, 1875

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

59

9

22

OCCUPATION

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

none

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)

Cambellton Mo

MOTHER FATHER

13. NAME

Wm E. Williams

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

Plantersville Va

15. MAIDEN NAME

Elizabeth Hiatt

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

Casco Mo.

17. INFORMANT (ADDRESS)

R E Williams Union Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Conway Mo

DATE

Feb. 7 1935

19. UNDERTAKER (ADDRESS)

W F Galtnerstrater Owensville Mo

20. FILED

Feb. 16 1935

J F Ferrell Registrar

MEDICAL CERTIFICATE OF DEATH

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

Feb. 5 1935

22. I HEREBY CERTIFY, That I attended deceased from

June 1933 to Feb. 5 1935

I last saw him alive on Feb. 5 1935 Death is said

to have occurred on the date stated above, at 5 a. m.

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

cerebral haemorrhage

Date of onset

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 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? no

If so, specify _____

(Signed) R E Williams, M. D.

(Address) Union Mo

27610 : NAA