

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.

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

Do not use this space.

MAR 28 1935

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1. PLACE OF DEATH

County Ray Registration District No. 744
 Township Richmond Primary Registration District No. 3035
 City Richmond (No. _____, St. _____ Ward _____)

File No. _____
 Registered No. 15

2. FULL NAME

Edward P. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Josephine Williams
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 13, 1845
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
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 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. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/14/35, 1935
 22. I HEREBY CERTIFY, That I attended deceased from Dr. [Signature] on Feb 14, 1935.
 I last saw him alive on Feb 13, 1935. Death is said to have occurred on the date stated above, at 7:40 P.M.
 The principal cause of death and related causes of importance were as follows:

General Debility Date of onset _____
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 Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss.
 13. NAME Thomas Williams
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss.
 15. MAIDEN NAME Rebek Fadel
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss.
 17. INFORMANT Josephine Williams (ADDRESS) Richmond Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Richmond Mo DATE 2/16/35
 19. UNDERTAKER E. M. Jordan (ADDRESS) Richmond Mo
 20. FILED 2-9, 1935 E. E. Ray 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? by
 If so, specify _____
 (Signed) P. D. Green, M. D.
 (Address) Richmond Mo.

