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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

APR 26 1935

Do not use this space.

10337

1. PLACE OF DEATH
County St Francois
Township
City Farmington (No. St. Ward)

Registration District No. 773
Primary Registration District No. 4464

File No.
Registered No. 49

2. FULL NAME Henry Paul 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): single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 20, 1890

7. AGE: Years 44 Months 5 Days 28 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Business Man
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) Farmington Missouri

FATHER
13. NAME Joseph Carroll Williams
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Libertyville Mo. Missouri

MOTHER
15. MAIDEN NAME Jenny Bruce Watts
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Libertyville Missouri

17. INFORMANT (ADDRESS) Marvin Carroll Williams

18. BURIAL, CREMATION, OR REMOVAL
PLACE Parkview DATE March 19, 1935

19. UNDERTAKER (ADDRESS) Farmington Und. Co. Farmington, Missouri

20. FILED 3-19-1935 B. J. Robinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-18, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 17, 1935, to March 18, 1935
I last saw him alive on March 17, 1935. Death is said to have occurred on the date stated above, at 12:10 p.m.
The principal cause of death and related causes of importance were as follows:

Acute Alcoholism — Date of onset 12-26-34

Other contributory causes of importance:

Chronic Alcoholism — 1915

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) Geo. L. Watkins, M. D.
(Address) Farmington Mo.