

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

Do not use this space.

15685

JUN 18 1935

1. PLACE OF DEATH
 County Buchanan Registration District No. 85
 Township St Joseph Primary Registration District No. 1001
 City St Joseph No. State Hospital #2 - St. _____ Ward _____

2. FULL NAME A. R. Williams
 (a) Residence, No. St Joseph Mo St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 14 yrs. 9 mos. 22 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>widowed (dead)</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 2 - 1853</u>		
7. AGE <u>81</u>	YEARS <u>6</u>	MONTHS <u>22</u>
8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. <u>Farmer</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Self</u>
10. Date deceased last worked at this occupation (month and year) <u>1921</u>		11. Total time (years) spent in this occupation <u>✓</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Smith Co</u> <u>Virginia</u>		
13. NAME <u>Wm Williams</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Smith Co</u> <u>Virginia</u>		
15. MAIDEN NAME <u>Mrs Hannah</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u> <u>Prussia</u>		
17. INFORMANT (ADDRESS) <u>Mother Williams</u> <u>St Joseph Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>COREMAN</u> DATE <u>5/27</u> 19 <u>35</u>		
19. UNDERTAKER (ADDRESS) <u>Fleesman Mortuary (Clerk)</u> <u>St. Joseph Mo</u>		
20. FILED <u>5-23</u> 19 <u>35</u> <u>John H. Bunday</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24 1935

22. I HEREBY CERTIFY That I attended deceased from May 20 1935 to May 24 1935
 I last saw him alive on May 24 1935 Death is said to have occurred on the date stated above, at 5:25 p.m.
 The principal cause of death and related causes of importance were as follows:
Ch Nephritis
 Date of onset _____

Other contributory causes of importance:
121
Arteriosclerosis

Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical 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) J. Bunday _____, M. D.
 (Address) St. Joseph #2

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.

2210

325

1977

100
25

721

1728
B.2.