

JUL 25 1935

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

Do not use this space.

20503

1. PLACE OF DEATH

County Pemiscot Registration District No. 651
Township Little Prairie Primary Registration District No. 6-862
City R.F.D. Caruthersville St. _____ Ward _____
Registered No. 96

2. FULL NAME

(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 Caucas 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) OK

AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
<u>About 3</u>	<u>3</u>	<u>—</u>	<u>—</u>	

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

13. NAME Lewis Williams

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

15. MAIDEN NAME Addie Ferrin

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

17. INFORMANT (ADDRESS) Lewis Williams R.F.D. Caruthersville

18. BURIAL, CREMATION, OR REMOVAL PLACE Mem Cemetery 6-30-35

19. UNDERTAKER (ADDRESS) Friends of Family Caruthersville Mo

20. FILED July 15, 1935 Ada Monters Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-30-35

22. I HEREBY CERTIFY, That I attended deceased from 6-29-35 to 6-30-35
I last saw him alive on 6-29-35 Death is said to have occurred on the date stated above, at Caruthersville Mo
The principal cause of death and related causes of importance were as follows:

Diphtheria
Other contributory causes of importance 10
Date of onset _____

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) J. B. Luen M. D.
(Address) Caruthersville Mo

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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