SEP 18 1935

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

Do not use this space.

25495

1. PLACE OF DEATH

County: Audrain — Registration District No.: 26 — File No.:

Township: Salt River — Primary Registration District No.: 3002 — Registered No.: 120

City: Mexico (No. 722 North Clark St. Ward)

2. FULL NAME Harrison Turner Williams

(a) Residence, No. 722 N. Clark 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 12, 1849

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	86	0	2	

OCCUPATION

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

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) Boone County, Mo.

FATHER

13. NAME James Hardin Williams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone County, Mo.

MOTHER

15. MAIDEN NAME Elizabeth Stone

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

17. INFORMANT James Williams
(ADDRESS) 722 N. Clark St. Mexico, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Centralia, Mo. DATE Aug. 16, 1935

19. UNDERTAKER Chas. Arnold Jr.
(ADDRESS) 114 E. Jackson Mexico, Mo.

20. FILED Aug. 15, 1935 Blanche Neely
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 14, 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from May 1st, 1935, to Aug. 13, 1935, 19

I last saw him alive on Aug. 13, 1935, 19. Death is said to have occurred on the date stated above, at 2:40 A. M.

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

	Date of onset
Prostatitis	
Cystitis, Purulent	
Hemorrhagic	
Uremia	

Other contributory causes of importance: Senility

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) R. Sullivan, M. D.

(Address) Mexico 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.

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

100M-11-24-33