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.

OCT 2 3 1935

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

Do not use this space.

29232

1. PLACE OF DEATH Greene
County ..... Registration District No. 318 File No. .....
Township ..... Primary Registration District No. 200 Registered No. 405
City Springfield (No. Springfield Baptist Hosp. St. ..... Ward)

2. FULL NAME George L. Williams
(a) Residence, No. 1205 Summit 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 25- 1863

7. AGE YEARS 72 MONTHS 3 DAYS 8 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ex R.R. Passenger Conductor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. On R.R.
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) Iowa.

FATHER
13. NAME John Wesley Williams
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME Frances McPherson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

17. INFORMANT (ADDRESS) Carrie Williams Springfield Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE East Lawn Cemetery DATE Sep 5 1935

19. UNDERTAKER (ADDRESS) W. Klingner & Co. Springfield Mo.

20. FILED 9-5 1935 R. W. Langston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 3rd 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 10 a.m.
The principal cause of death and related causes of importance were as follows:

Suicide by pistol shot in head

Date of onset

Other contributory causes of importance: No

lived about 2 hours

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 Self inflicted
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Edgar G. James M. D.
(Address) Springfield Mo