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

Do not use this space.

33293-1

1. PLACE OF DEATH

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County McDonald — Registration District No. 315 — File No.

Township Prairie — Primary Registration District No. 5687 — Registered No.

City ~~Tiff City~~ Southwest City (No. Missouri St. Ward)

2. FULL NAME James Jesse Williams

(a) Residence, No. ~~Tiff City~~ Southwest City Missouri St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Emma Williams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 25, 1854

7. AGE: YEARS 81 — MONTHS 6 — DAYS 16 — If LESS than 1 day, ...hrs. or ....min.

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): Mo.

FATHER

13. NAME: James Williams
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

MOTHER

15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS): Ella Williams-Tiff City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE S. W. City, Mo. DATE Oct. 13, 1935

19. UNDERTAKER (ADDRESS): Lane Funeral Home Miami, Okla.

20. FILED 10/13 1935 Joseph J. Nichols Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr. 3, 1935, to Oct 11, 1935

I last saw him alive on September, 1935. Death is said to have occurred on the date stated above, at 3:30 p.m.

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

Apoplexy — Date of onset 4-3-1935

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. E. Harmack, M. D.

(Address) Southwest City, 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.