

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.

Dr. Hendrickson

NOV 23 1935

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

Do not use this space.

35309

1. PLACE OF DEATH

County Butler

Registration District No. 89

File No.

Township

Primary Registration District No. 3007

Registered No. 222

City Poplar Bluff

(No.)

St.

Ward)

2. FULL NAME Corneilus Williams

(a) Residence No. 832 Fairmount St. Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 47 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

Minnie Williams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 18, 1867

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

67

10

24

OCCUPATION

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

Mechanic

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)

Kentucky

MOTHER FATHER

13. NAME

R. K. Williams

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

Paducah Kentucky

15. MAIDEN NAME

Katty Bollinger

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

Kentucky

17. INFORMANT (ADDRESS)

Mrs. Minnie Williams 832 Fairmount St. Poplar Bluff

18. BURIAL, CREMATION, OR REMOVAL

PLACE City cemetery DATE Nov. 14 1935

19. UNDERTAKER (ADDRESS)

Greer Funeral Service Poplar Bluff, Missouri

20. FILED

11-14 35 O. C. Cuttlinger Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from 7-2 1935, to 11-12 1935

I last saw him alive on Nov 1 1935. Death is said to have occurred on the date stated above, at 4:15 A.M.

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

Cancerous growth of pancreas & head of pancreas

Date of onset

Other contributory causes of importance

Name of operation none Date of

What test confirmed diagnosis clinical Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?

Where did injury occur?

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) O. C. Cuttlinger, M. D.

(Address) Poplar Bluff Mo

