

NOV 16 1935

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

Do not use this space.

## 1. PLACE OF DEATH

County North  
Township Allen  
City Ferguson (No. \_\_\_\_\_)

Registration District No. 905  
Primary Registration District No. 6216

File No. 38421  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-23-1895

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
40 2 10

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) Council Bluffs, Iowa

13. NAME L. J. Williams

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

15. MAIDEN NAME May L. Brookshire

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Darien County, Mo.

17. INFORMANT (ADDRESS) 257 Williams, Denver, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Travis Chapel DATE 11-5-35

19. UNDERTAKER (ADDRESS) Travis Chapel, Denver, Mo.

20. FILED Nov 9 1935 Byrd Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 3, 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 about 8 AM.

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

Suicide gas  
monoxide gas  
put hole in exhaust  
and run it inside of car.

Other contributory causes of importance:

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? suicide Date of injury Nov 3, 1935

Where did injury occur? Denney North Co. Mo.  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Public Highway

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) Josh C. Dunshee, coroner

(Address) Grant 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.

