

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

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.

JAN 16 1938

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

Do not use this space.

38484

1. PLACE OF DEATH

County Cedar
Township Wilson
City _____ (No. _____)

Registration District No. 72
Primary Registration District No. 5037

File No. _____
Registered No. 39 38 St. _____ Ward _____

2. FULL NAME

Charley Bausley Williams

(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 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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 7th 1880

7. AGE YEARS 55 MONTHS 10 DAYS 17 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 Teruelia Reed

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

17. INFORMANT Mrs. C. Williams (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL Columbia No. 1 DATE Dec 26 1935

19. UNDERTAKER F. W. Donald (ADDRESS) _____

20. FILED 12/26 1935 J. W. Hickson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 24th 1935

22. I HEREBY CERTIFY, That I attended deceased from July, 1934, to Aug 3, 1935
Last saw him alive on Aug 5, 1935 Death is said to have occurred on the date stated above, at 12:00 am.

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

Diabetes mellitus Date of onset 9 yrs.

Other contributory causes of importance: Chronic Alcoholism

Name of operation _____ Date of _____
What test confirmed diagnosis? Urinalysis Was there an autopsy? NO

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? NO
If so, specify _____

(Signed) A. J. Garrison
(Address) Columbia, Mo

