

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 15 1936 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

38847

1. PLACE OF DEATH
 County Cape Girardeau Registration District No. 125
 Township _____ Primary Registration District No. 9009
 City Cape Girardeau (No. 224 So Pacific) St. _____ Ward _____

2. FULL NAME Mr Robt J. Williams
 (a) Residence, No. _____ St. _____ Ward _____
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs R J Williams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5 - 1956

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>79</u>	<u>7</u>	<u>70</u>	

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

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) Metropolis Ill

MOTHER FATHER

13. NAME Unknown

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

MOTHER

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) Carl Williams
224 So Pacific Cape

18. BURIAL, CREMATION, OR REMOVAL PLACE St Marys Cemetery DATE Dec - 27 1935

19. UNDERTAKER (ADDRESS) Brookhoff Howell
Cape Girardeau Mo

20. FILED 12-24 1935 J. M. Thompson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 25 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 21, 1935, to Dec 26, 1935.
 I last saw h. alive on Dec 24 1935. Death is said to have occurred on the date stated above, at 3:42 a.m.
 The principal cause of death and related causes of importance were as follows:
Lobar pneumonia Date of onset 12-21-35

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Other contributory causes of importance:
Asthenia observed about 2 yrs

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? no
 If so, specify _____
 (Signed) W. A. Sabien, M. D.
 (Address) Cape Girardeau Mo

