

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

Do not use this space.

4340

REB 23 1936

1. PLACE OF DEATH

County Wayne
Township Black River
City (No. _____) _____

Registration District No. 892
Primary Registration District No. 0194

File No. _____
Registered No. 8
St. _____ Ward _____

2. FULL NAME

John Henry Williard

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown Dec. 30, 1928</u>		
7. AGE	YEARS	MONTHS
	<u>7</u>	<u>0</u>
		DAYS
		<u>14</u>
IF LESS than 1 day, _____ hrs. or _____ min.		

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

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) Near Lusk
(STATE OR COUNTRY) Missouri

13. NAME Arthur (Pony) Williard

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

15. MAIDEN NAME Virgie Bailey

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

17. INFORMANT Mr. Henry Bailey
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Walker Cemetery DATE Jan. 14 1936

19. UNDERTAKER Gates and Co.
(ADDRESS) Piedmont

20. FILED Jan 14 1936 Mr. McPherson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 14 1936 .19

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 _____ m.

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

Burned to death by Gas Explosion.

Date of onset

Can containing oil used to start fire in kitchen stove exploded. House caught fire, and deceased unable to

Other contributory causes of importance: escape from burning building.

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external cause (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury 1-14, 1936

Where did injury occur? Wayne Co. Mo.

(Specify city or town, county, and State)

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

Manner of injury As above

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) F. C. Yates Coroner M. D.

(Address) Piedmont 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.

