

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.

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

Do not use this space.

APR 21 1936

11381

1. PLACE OF DEATH

County Lancaster Registration District No. 470
Township Lawrence Primary Registration District No. 5683
City Mt Vernon (No.) St. Ward)

2. FULL NAME

Olyde Williams
(a) Residence, No. Hammett, Mo. 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. 30 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>wh.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>8/23/03</u>				
7. AGE YEARS <u>33</u>	MONTHS <u>7</u>	DAYS <u>1</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION	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. <u>Farmer</u>			
	10. Date deceased last worked at this occupation (month and year) <u>Aug '34</u> 11. Total time (years) spent in this occupation			
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>London, Tenn</u>				
MOTHER	13. NAME <u>Will Williams</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Washington</u>			
	15. MAIDEN NAME <u>Johnson</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>			
17. INFORMANT <u>Self</u>				
18. BURIAL, CREMATION, OR REMOVAL				
PLACE <u>Hammett Mo</u> DATE <u>March 20</u> 19 <u>36</u>				
19. UNDERTAKER <u>Fessett & Co</u>				
(ADDRESS) <u>Mt. Vernon</u>				
20. FILED <u>March 24</u> 19 <u>36</u> <u>P. A. Hobbes</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/24/1936 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-7-36, 1936, to 3-24-36, 1936.
I last saw him alive on 3-23-36, 1936. Death is said to have occurred on the date stated above, at 5 a.m.
The principal cause of death and related causes of importance were as follows:
Pneumonia
23
Date of onset 1935

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? 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 1936
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?

If so, specify Cherry Hill M. D.
(Signed) Cherry Hill
(Address) Mt. Vernon

