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.

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

Do not use this space.

12023

APR 14 1936

1. PLACE OF DEATH
County: Ralls — Registration District No.: 726
Township: Saverton — Primary Registration District No.: 69 5-7
City: Ellsworth (No. ..., ... St. ... Ward)

File No.:
Registered No.:

2. FULL NAME: George Williams
(a) Residence, No. ... Ellsworth, 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. 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): Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF: Don't Know
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 19 - ?
7. AGE: YEARS 73 or 74 — MONTHS — DAYS — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
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.: Universal Atlas Cement Co.
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): Saverton Mo

FATHER
13. NAME: Don't Know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): " "

MOTHER
15. MAIDEN NAME: Don't Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): " "

17. INFORMANT (ADDRESS): Dee Williams, Davenport, Iowa
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt. Olivet Cem. DATE: March 18, 36
19. UNDERTAKER (ADDRESS): Ray P. Schmidt, Hannibal, Mo.
20. FILED: Mch 27, 1936 — Blanche Wagner, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 16, 1936
22. I HEREBY CERTIFY, That I attended deceased from No Attention, 19..., to ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at about 7:25 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
The Subject commited Suicide	
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Other contributory causes of importance:

Name of operation: ... Date of:
What test confirmed diagnosis? Observation Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury: Mar 16, 36
Where did injury occur? His Home.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Home
Manner of injury: Shot himself in left side
Nature of injury: Of Head.

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify:
(Signed) T. M. Mowry Coroner, M. D.
(Address) Center Mo