APR 24 1936

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

Do not use this space.

File No. 12054

Registered No. 56

1. PLACE OF DEATH
County Randolph
Registration District No. 795
Primary Registration District No. 9084
Township
City Moberly Mo (No. ..... St. ..... Ward)

2. FULL NAME Anthony Williams
(a) Residence, No. 709 S. Sixth 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: Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (~~OR WIFE OF~~) Ora Williams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 10 1883

7. AGE: Years 5 | Months 4 | Days 27 | 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.
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 Telly Williams
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Amelia Robinson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT Ora Williams
(ADDRESS) moberly Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Moberly DATE March 10 1936

19. UNDERTAKER Robert L. Carr
(ADDRESS) moberly Mo

20. FILED 3/10 1936 Virginia Walker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 12, 1936, to March 7, 1936
I last saw him alive on March 7 1936. Death is said to have occurred on the date stated above, at 7.30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Flu.	Feb 10 1936

Other contributory causes of importance:

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?
If so, specify
(Signed) J. Madden, M. D.
(Address) Moberly 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.