

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.

MAY 18 1936

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1. PLACE OF DEATH
 County Buchanan Registration District No. 1001
 Township Primary Registration District No.
 City St. Joseph (No. Sister's Hospital) St. (Ward)

2. FULL NAME Edward Williams
 (a) Residence, No. 108 N. 2nd. St. 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) Widowed |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10, 1866 | | |
| 7. AGE YEARS 69 | MONTHS 9 | DAYS 22 |
| If LESS than 1 day, hrs. or min. | | |

| | |
|------------|--|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer, 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) **Holt County**
(STATE OR COUNTRY) **Missouri**

13. NAME **Howard Williams**

14. BIRTHPLACE (CITY OR TOWN) **Unknown**
(STATE OR COUNTRY) **Unknown**

15. MAIDEN NAME **Malinda Hutton**

16. BIRTHPLACE (CITY OR TOWN) **Holt Co.**
(STATE OR COUNTRY) **Missouri**

17. INFORMANT **Charles S. Williams**
(ADDRESS) **Hound City, Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Hound City, Mo.** DATE **April 3, 1936**

19. UNDERTAKER **Clark Mortuary**
(ADDRESS) **5025 King Hill Av.**

20. FILED **453** 19 **36** **John R. Bender**
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 2, 1936** 19

22. I HEREBY CERTIFY, That I attended deceased from **March 29, 1936** to **April 2, 1936**

I last saw him alive on **April 1, 1936** Death is said to have occurred on the date stated above, at **6:00 A. M.**
The principal cause of death and related causes of importance were as follows:

Date of onset

Pneumonia acute lobar

Other contributory causes of importance:

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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 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 **No**

24. Was disease or injury in any way related to occupation of deceased? **No**
If so, specify **Chronic Stomach** M. D.
(Signed) **John R. Bender**
(Address) **503. Redwood St. Slsdy**

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