

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.

MAY 22 1936

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

Do not use this space.

1. PLACE OF DEATH

County Boone
Township Boone
City Boone (No. _____)

Registration District No. 543
Primary Registration District No. 6743

15993

File No. _____
Registered No. 14
St. _____ Ward _____

2. FULL NAME

William Henderson Williams

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 88 yrs. 3 mos. 15 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) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF <u>Martha Williams</u> (Name of wife or husband)		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 19-1857</u>		
7. AGE <u>88</u>	YEARS <u>3</u>	MONTHS <u>15</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired farmer</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>—</u>
10. Date deceased last worked at this occupation (month and year) <u>—</u>		11. Total time (years) spent in this occupation <u>—</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
13. NAME <u>Robert F. Williams</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>		
15. MAIDEN NAME <u>Rebecca Samhart</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>		
17. INFORMANT (ADDRESS) <u>Robert Williams</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Weta S S</u> DATE <u>Apr 5</u> 19 <u>36</u>		
19. UNDERTAKER (ADDRESS) <u>Herman H. Stief</u>		
20. FILED <u>April 8, 1936</u> <u>Rosa Lawson</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 4 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 13 1936 to April 4 1936
last saw him alive on April 3 1936 Death is said to have occurred on the date stated above, at 9 A. m.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
Chronic Nephritis
181
Other contributory causes of importance:
Inter. Schlemmer

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 1
Nature of injury 1

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) S. E. Gaston, M. D.
(Address) Weta

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