

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

Do not use this space.

JUN 24 1936

20266

1. PLACE OF DEATH

County Jemmiscah
Township Cooter
City (No.)

Registration District No.
Primary Registration District No. 6111

File No.
Registered No.
St. Ward

2. FULL NAME

Eddie Williams

(a) Residence, No. Cooter 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

MEDICAL CERTIFICATE OF DEATH

3. SEX M. 4. COLOR OR RACE Negro. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-23, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 .

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DK

I last saw h. alive on , 19 . Death is said to have occurred on the date stated above, at 6:30 m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min. About 60

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farm hand

Homicide.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Same

Stab wound in neck

10. Date deceased last worked at this occupation (month and year) May 23-26 11. Total time (years) spent in this occupation

Nemorhage

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DK

Other contributory causes of importance:

13. NAME DK

Name of operation Date of

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DK

What test confirmed diagnosis? Was there an autopsy?

15. MAIDEN NAME DK

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Homicide Date of injury 5/23, 1936

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DK

Where did injury occur? Public Highway (Specify city or town, county, and State)

17. INFORMANT E. R. Danaway (ADDRESS) Cooter

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cooler DATE 5/24, 1936

Manner of injury Nature of injury

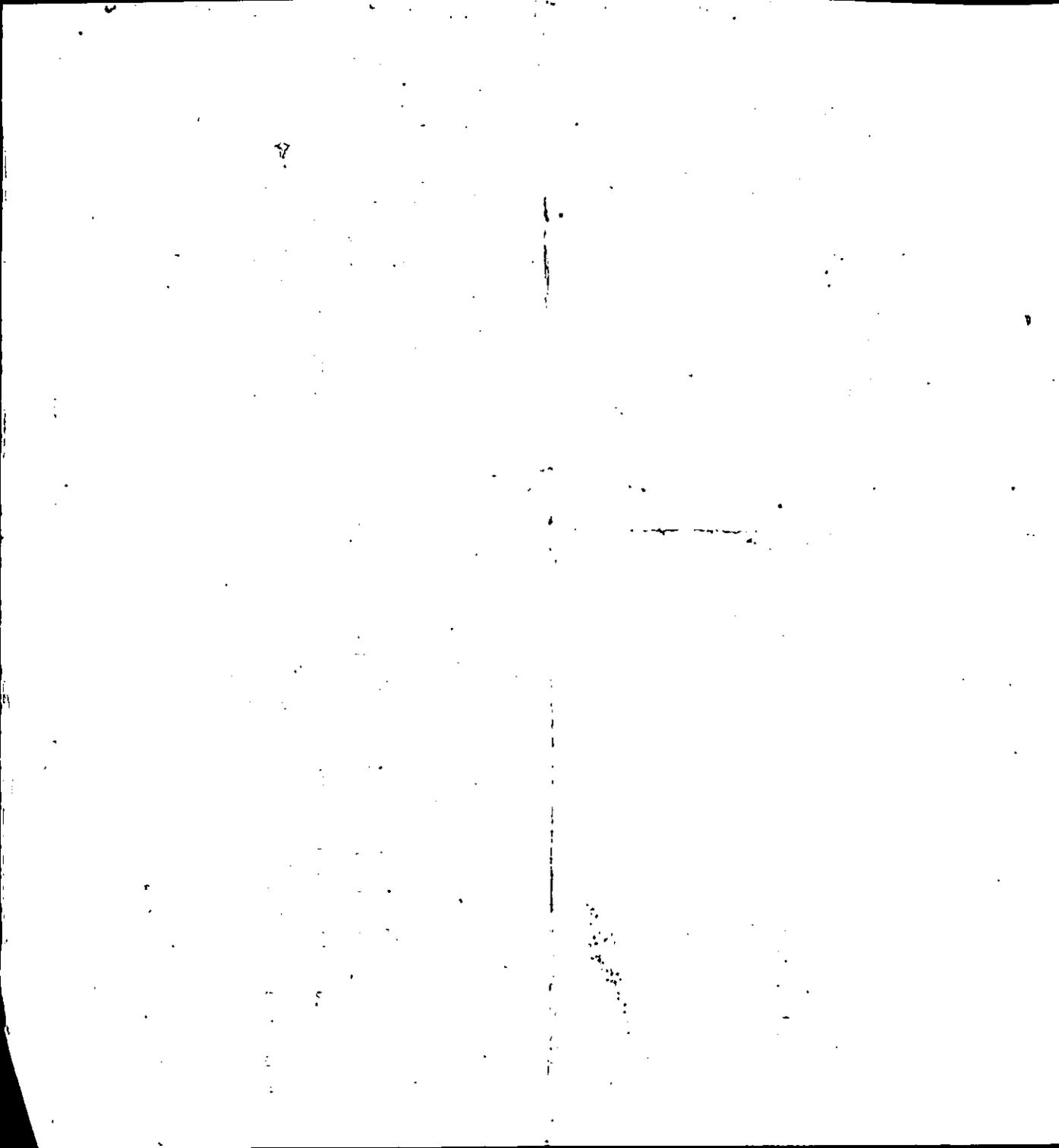
19. UNDERTAKER County (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased? If so, specify

20. FILED , 19 Registrar

(Signed) J. W. Rhodes Coroner, M. D. (Address) Naylor

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.

1. PLACE OF DEATH

County Pemiscot
Township Cooter
City (No. _____) _____ St. _____ Ward _____

Registration District No. 656
Primary Registration District No. _____

File No. _____
Registered No. _____

2. FULL NAME

Eddie Williams

(a) Residence, No. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED l (Write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-23, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from 19____, to _____, 19____

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

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. abt 60

Date of onset

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

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER 13. NAME

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19____

19. UNDERTAKER (ADDRESS)

20. FILED 6-10 1936 Tom Buganer Registrar.

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) _____, M. D.
(Address) _____

SUPPLEMENTARY

Exact statement of OCCUPATION is very important.

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