

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.

JUN 25 1936

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

McNeill
Do not use this space
20301
156
153
168
St. Ward)

1. PLACE OF DEATH

County Pettis
Township
City Sedalia

Registration District No. 658
Primary Registration District No. 3032
(No. 511 W. 2nd

File No.
Registered No. 168
St. Ward)

2. FULL NAME Imojean R. Williams
511 W. 2nd

(a) Residence, No. St. Ward.
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 4, 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 5 9

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) Missouri
(STATE OR COUNTRY)

FATHER 13. NAME B. F. Ransdell

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

MOTHER 15. MAIDEN NAME Margaret Hathaway

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

17. INFORMANT A. G. Williams
(ADDRESS) Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Crown Hill DATE May 14, 1936

19. UNDERTAKER Gillespie Funeral Home
(ADDRESS) Sedalia, Mo.

20. FILED 5-13-1936 John Slack
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 5, 1936 to May 13, 1936
I last saw him alive on May 12, 1936 Death is said to have occurred on the date stated above, at 5:20 A.M.
The principal cause of death and related causes of importance were as follows:

Cerebral Thrombosis

Other contributory causes of importance:

Arterio-sclerosis
Chronic myocarditis

Name of operation none Date of none
What test confirmed diagnosis clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury none, 19...
Where did injury occur? none
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify none
(Signed) Chas. W. Williams, M. D.
(Address) Sedalia, Mo.

