JUL 29 1936

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

Do not use this space.

File No. 21699

Registered No.

1. PLACE OF DEATH

County Stoddard Registration District No. 838

Township Liberty Primary Registration District No. 4509

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Robert Leon 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

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5, 1936

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	X	X	16	

OCCUPATION

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

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) Dexter, Mo.

FATHER

13. NAME Ralph Williams

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

MOTHER

15. MAIDEN NAME Agnis White

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Malden Mo.

17. INFORMANT (ADDRESS) Ralph Williams Dexter, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hagy Cemetery DATE 5-21-36, 19

19. UNDERTAKER (ADDRESS) Blankenship-Strickand Dexter, Mo.

20. FILED 7-10, 1936 Alice Norman *Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-21-36, 19

22. I HEREBY CERTIFY, That I attended deceased from 5/20, 1936, to 5/21, 1936

I last saw ~~him~~ alive on 5/20, 1936 Death is said to have occurred on the date stated above, at 3:00 A. M.

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

	Date of onset
Marasmus	4/10/35

Other contributory causes of importance: Birth Injury

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? No

If so, specify .....

(Signed) Lisa Barnes, M. D.

(Address) Dexter, 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.