JUN 27 1936

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

Do not use this space.

21735

File No.

Registered No. 10

1. PLACE OF DEATH

County Sullivan

Township ~~Clay~~

City Newtown (No. , St. Ward)

Registration District No. 853

Primary Registration District No. 4519

2. FULL NAME John Archieball Williams

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

Length of residence in city or town where death occurred 18 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	married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12/20/1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroader, 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) (STATE OR COUNTRY) Grundy County, Mo.

FATHER

13. NAME William Williams

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

MOTHER

15. MAIDEN NAME Ann Hamilton

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

17. INFORMANT (ADDRESS) Mrs Ada E. Williams Newtown, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Berry. DATE 5/28/36, 19

19. UNDERTAKER (ADDRESS) Otto H. Reed Newtown, Mo.

20. FILED May 29, 1936 Ruth Henderson Tucker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/26/36, 19

22. I HEREBY CERTIFY, That I attended deceased from July 2, 1936, to May 26, 1936

I last saw him alive on May 26, 1936. Death is said to have occurred on the date stated above, 8.30P m.

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

	Date of onset
Coronary Thrombosis	May 26 36

Other contributory causes of importance: Arteri o-Sclerosis

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) A. W. Widner, M. D.

(Address) Newtown Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

100M-11-24-33