

JUL 25 1936

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

Do not use this space.

23843

1. PLACE OF DEATH

County Pettis

Registration District No. 668

Township Sedalia

Primary Registration District No. 3032

City Sedalia

(No. _____)

File No. 204206

Registered No. 668

St. _____ Ward _____

2. FULL NAME

Charles S. Williams

(a) Residence, No. 313 E 13²

St. _____ Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

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

Bernelie Williams

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

Sept 7 - 1867

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

68

8

21

OCCUPATION

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

Painter

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

Decorator

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 30 1/2

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

Missouri

FATHER

13. NAME

W. M. Williams

MOTHER

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

Mo.

15. MAIDEN NAME

Martha Birdsong

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

Mo.

17. INFORMANT (ADDRESS)

W. S. Williams Sedalia

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Crown Hill

DATE

June 30 36

19. UNDERTAKER (ADDRESS)

McLaughlin Bros Sedalia Mo

20. FILED

June 29 1936 Jean Slack

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

June 28 - 1936

22. I HEREBY CERTIFY, That I attended deceased from

June 27 - 1936, to June 28 - 1936

Last saw him alive on June 28 - 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:

Contusion of Date of onset

Brain

Punctured Lung Fracture

Ribs

Other contributory causes of importance

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 6/25, 1936

Where did injury occur? City, Sedalia

(Specify city or town, county, and State)

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

Manner of injury

Falling from point scaffold

Nature of injury

Contusion of Brain Punctured Lung

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

W. S. Williams M. D.
Sedalia Mo

1944

1944

1944