

JUL 30 1934

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

Do not use this space.

29507

1. PLACE OF DEATH

County Scott  
Township \_\_\_\_\_  
City Illmo (No. \_\_\_\_\_)

Registration District No. 11/15  
Primary Registration District No. 6064

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME George Williams

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 31 yrs. mos. ds. (If nonresident, give city or town and State)  
How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15, 1934

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Don't know

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1934 to July 15, 1934  
I last saw him alive on July 15, 1934 Death is said to have occurred on the date stated above, at 4:0 p.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) — — 1850

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

7. AGE YEARS 86 MONTHS — DAYS — If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Journey Shover  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Janitor - Saler  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

Date of onset 7-14-34

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

13. NAME Don't know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Wm. K. Hendahl (ADDRESS) Illmo, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Colored Masonic DATE July 16, 1934

19. UNDERTAKER Bislinghoff (ADDRESS) Illmo, Mo.

20. FILED 7/16 1934 E. J. Davis Registrar.

Other contributory causes of importance: \_\_\_\_\_

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? Yes  
If so, specify \_\_\_\_\_  
(Signed) E. J. Davis, M. D.  
(Address) \_\_\_\_\_

Exact statement of OCCUPATION is very important.

