

## MISSOURI STATE BOARD OF HEALTH

SEP 21 1936

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

30426

## 1. PLACE OF DEATH

County DeKalbRegistration District No. 2631Township DallasPrimary Registration District No. 5265

City No.

File No. 15Registered In 2611

St. Ward)

2. FULL NAME Joseph L. 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 m 4. COLOR OR RACE w. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cynthia Williams6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 1 - 18477. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
92. 1 24OCCUPATION  
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) (STATE OR COUNTRY)

FATHER  
13. NAME Joseph L. Williams  
Ind.

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

MOTHER  
15. MAIDEN NAME Elizabeth Helms  
Ind.

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

17. INFORMANT C. W. Williams  
(ADDRESS) King City Mo 17618. BURIAL, CREMATION, OR REMOVAL PLACE Fairport DATE Aug 26 193619. UNDERTAKER T. S. Brown  
(ADDRESS) Pullman Mo.20. FILED Sept. 10 1936 James Fitzgerald  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 25 193622. I HEREBY CERTIFY, That I attended deceased from July 27 1936 to Aug 25 1936I last saw him alive on Aug 25 1936 Death is said to have occurred on the date stated above, at 2:45 P.M.

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

Senility Date of onsetOther contributory causes of importance: 107Hypertrophied Prostate 1932Name of operation none Date ofWhat test confirmed diagnosis? none 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) Carl A. Martin M. D.(Address) Mayaville, 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.

