

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

Do not use this space.

30548

1. PLACE OF DEATH
Gentry

County

Registration District No. 313

Township Miller

Primary Registration District No. 5432

City

(No.)

St. Ward

2. FULL NAME Oliver Hazard 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nora Agnes Williams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 21/1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 10 13

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

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) Dekalb Co. Mo (STATE OR COUNTRY)

13. NAME Joseph L. Williams

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

15. MAIDEN NAME Cyntha Smith

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

17. INFORMANT Charlie Williams (ADDRESS) King City Mo. R.F.D # 6

18. BURIAL, CREMATION, OR REMOVAL

PLACE Berlin DATE 8/4/36 19

19. UNDERTAKER S. Schomer (ADDRESS) Pattonsburg, Mo.

20. FILED 8-8 1936 W. B. Barry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/4/36 19
I HEREBY CERTIFY, That I witnessed deceased from *trauma body*

22. I last saw *Aug 4*, 1936, to *Aug 4*, 1936, 19

I last saw *Aug 4*, 1936, to *Aug 4*, 1936, 19
Death is said to have occurred on the date stated above, at *5:30 a.m.*

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

"Suicide" by using 12 g. shot from shotgun and a barrel of live lead, blowing out brains

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? 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) *C. J. Gray, Coroner*

(Address) *Tilghney, 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.

