

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

Do not use this space. *✓*

30677

OCT 21 1936
 1. PLACE OF DEATH
 County *Harrison*
 Township *Grant*
 City (No. _____) St. _____ Ward _____

Registration District No. *341*
 Primary Registration District No. *54*

File No. _____
 Registered No. *45*
 St. _____ Ward _____

2. FULL NAME *William Stephen 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 *Letha Parrish*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 14, 1863*
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
73 1 17

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. *Stock & grain*
 10. Date deceased last worked at this occupation (month and year) *July, 1936* 11. Total time (years) spent in this occupation *60*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unknown Ind*

13. NAME *Methias Williams*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unknown Ind*

15. MAIDEN NAME *Elizabeth Bales*

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

17. INFORMANT (ADDRESS) *Mrs. W. S. Williams* *No*
Ridgeway

18. BURIAL, CREMATION, OR REMOVAL PLACE *Ridgeway* DATE *Aug 3 36*

19. UNDERTAKER (ADDRESS) *Robert T. Ford* *Mrs*
Ridgeway

20. FILED *8/3 1936* *L. C. Brewer* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug 1 36*
 22. I HEREBY CERTIFY, That I attended deceased from *Aug 1 1936*, to *Aug 1 1936*
 I last saw him alive on *Aug 1 1936*. Death is said to have occurred on the date stated above, at *1100am*
 The principal cause of death and related causes of importance were as follows:

Result of gunshot wound entering left cerebrum - temporal region

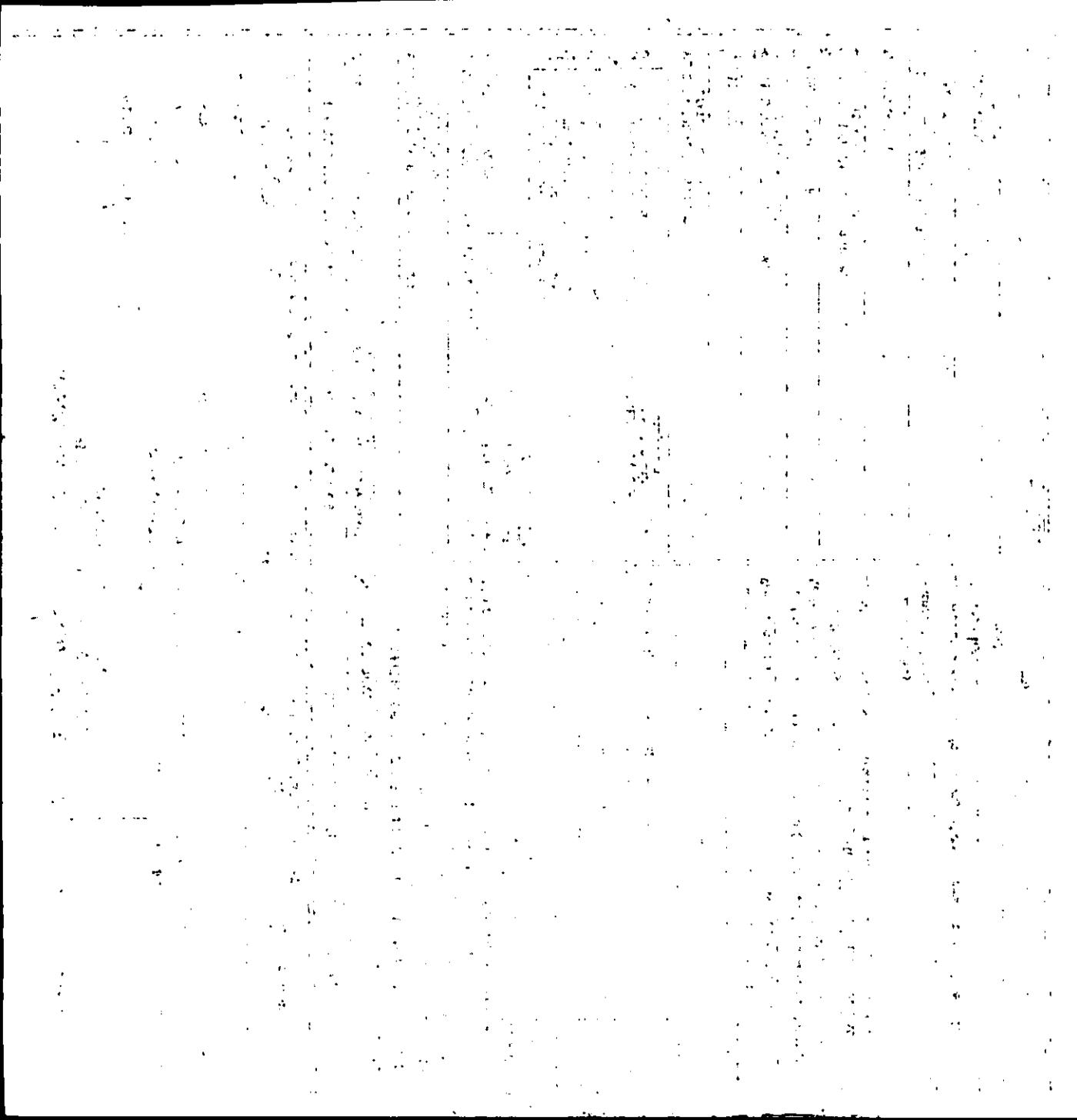
Other contributory causes of importance:

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) *L. C. Brewer*, M. D.
 (Address) *Ridgeway Mo*



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1. PLACE OF DEATH

County Harrison
Township Grant
City..... (No....., St....., Ward.....)

Registration District No. 341
Primary Registration District No. 3477

Supp.
File No. 30677
Registered No.

2. FULL NAME

William Stephen Williams

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

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 1 17

OCCUPATION 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

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED Aug 3 1936 Leola Brewer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 1 1936

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at..... m.

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

Result of gunshot wound entering left Cerebrum (temporal region) lived 5 hours Homicide

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?.....
If so, specify.....

(Signed) Leola Brewer M. D.
(Address) Ridgeway mo

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