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.

OCT 21 1936

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

Do not use this space.

1. PLACE OF DEATH
County Grundy — Registration District No. 329 — File No. 34241
Township Marion — Primary Registration District No. 5454A — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Earl Sidney Williams
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 30. 1911
7. AGE: YEARS 25 — MONTHS 3 — DAYS 6 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm Laborer
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) Chaney Okla

FATHER
13. NAME Frank Williams
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Galt Mo

MOTHER
15. MAIDEN NAME Lillie McClum
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mich

17. INFORMANT (ADDRESS) Lilly Williams Wichita Kans.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Lindley Cem. DATE 19
19. UNDERTAKER (ADDRESS) E. J. Robertson. Laredo Mo
20. FILED Sept. 20 1936 J. C. Humphreys Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-20, 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 about 3 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Struck by Milwaukee train while walking on track	

Other contributory causes of importance: ✓
20 ✓

Name of operation ..... Date of .....
What test confirmed diagnosis? ✓ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 9-6, 1936
Where did injury occur? 3 Miles North Laredo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
On Milwaukee R.R. track
Manner of injury
Nature of injury Legs cut off - Skull fractured

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Herbert C. Kimberlin, M. D.
(Address) Trenton Mo

Coroner Grundy Co