

JAN 20 1937

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

Do not use this space.

45432

1. PLACE OF DEATH

County Livingston Registration District No. 508
Township _____ Primary Registration District No. 3026
City Chillicothe (No. _____) St. _____ Ward _____

File No. _____
Registered No. 182

2. FULL NAME unnamed

(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. 3 hrs How long in U. S., if of foreign birth? yrs. mos. da.

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) Dec 21 - 36
7. AGE YEARS MONTHS DAYS If LESS than 1 day, 3 hrs. or 3 min.

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) Chillicothe (STATE OR COUNTRY) Mo.

FATHER 13. NAME Geo. Albert Ross Williams

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

MOTHER 15. MAIDEN NAME Darlene Shotwell

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

17. INFORMANT Geo. Albert R Williams (ADDRESS) Chillicothe, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Moberly Mo DATE Dec 21 1936

19. UNDERTAKER Albert Skinner (ADDRESS) Moberly Mo.

20. FILED Dec. 24, 1936 Donald W. Howell Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 21 1936
22. HEREBY CERTIFY, That I attended deceased from Dec 21 1936, to Dec 21 1936
I last saw him alive on Dec 21 1936 Death is said to have occurred on the date stated above, at 10:00 A.M.

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

Premature

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Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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) A. J. Williams, M. D.
(Address) Chillicothe, 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.

