

JUL 18 1936

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

Do not use this space.

1. PLACE OF DEATH

County *Crawford*
Township *Bepton*
City (No. _____) _____

Registration District No. *230*
Primary Registration District No. *5312*

File No. *48594*
Registered No. _____
St. _____ Ward) _____

2. FULL NAME

(a) Residence, No. *Stillborn* _____, 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 <i>M.</i>	4. COLOR OR RACE <i>W.</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Infant</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Infant</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>7/11/36</i>		
7. AGE	YEARS	MONTHS
<i>Stillborn</i>		DAYS
		IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Infant</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Infant</i>	
	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) <i>Cuba Mo.</i>		
FATHER	13. NAME <i>Howard Dexter Williams</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ill.</i>	
MOTHER	15. MAIDEN NAME <i>Mable Williams</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Mo.</i>	
17. INFORMANT (ADDRESS) <i>Howard Dexter Williams</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Michael Lane</i> DATE <i>July 19, 1936</i>		
19. UNDERTAKER (ADDRESS) <i>G. A. Ware</i>		
20. FILED <i>July 1, 1936</i> <i>G. G. C. Herzog</i> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *7/11*, 19*36*

22. I HEREBY CERTIFY, That I attended deceased from *7/11*, 19*36*, at *Stillborn*, 19*36*. I last saw him *at 2:00 a.m.* Death is said to have occurred on the date stated above, at *2:00 a.m.* The principal cause of death and related causes of importance were as follows:
I don't know Cause.

Date of onset _____

Other contributory causes of importance:
I don't know

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) *H. G. Keady*, M. D.
(Address) *Cuba 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.

