MAY 21 1937

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

Do not use this space.

16515

1. PLACE OF DEATH
County Howard
Township Burton
City ..... (No. ..... , ... St. ..... Ward)

Registration District No. 378
Primary Registration District No. 5-8-28

File No. 16515
Registered No. 23

2. FULL NAME Lewis A 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary F Williams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 1 1865

7. AGE: YEARS 72 | MONTHS 11 | DAYS 25 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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: 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Howard Co

FATHER
13. NAME: Berry Williams
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

MOTHER
15. MAIDEN NAME: Mary F Gatewood
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

17. INFORMANT (ADDRESS): Mary F Williams, Fayette Mo RFD

18. BURIAL, CREMATION, OR REMOVAL
PLACE Log Chapel DATE Jan 26 1937

19. UNDERTAKER (ADDRESS): C. L. Felvid, Higbee Mo

20. FILED Apr 8 1937 V. A. Bonham, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 24 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 23 1937 to Jan 24 1937
I last saw him alive on Jan 24 1937 Death is said to have occurred on the date stated above, at 10.40 a.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Paralysis

Date of onset

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? .....
If so, specify .....
(Signed) J. H. Winn, M. D.
(Address) Higbee Mo

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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