MAY 27 1937

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

Do not use this space.

File No. 16759

Registered No.

1. PLACE OF DEATH
County: Laclede
Registration District No. 449
Primary Registration District No. 4267
Township:
City: Lebanon (No. , St. Ward)

2. FULL NAME: Noble Aaron 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: 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): Mar 23-1875

7. AGE: Years 61 | Months 0 | Days 19 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Merchant
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): Ottumwa Iowa

FATHER
13. NAME: Samuel F Williams
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER
15. MAIDEN NAME: Hattie L Ruble
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Iowa

17. INFORMANT (ADDRESS): Tracy Bell Lebanon Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Lebanon Mo. DATE: April 14, 1937

19. UNDERTAKER (ADDRESS): Palmer Lebanon Mo.

20. FILED: 4-13-1937 J. A. McCourb Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 12th, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4/12 -, 1937, to 4/12 -, 1937
I last saw him alive on 4/12, 1937. Death is said to have occurred on the date stated above, at 8:10 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Rheumatic Fever	3/25/37

Other contributory causes of importance:

Name of operation: none Date of: —
What test confirmed diagnosis? Ph. Exam. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) Preston Thompson, M. D.
(Address) Lebanon, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.