

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

Do not use this space.

MAY 31 1937

1. PLACE OF DEATH

8/1 County Phelps
2 Township Rolla
4 City Rolla (No., St. Ward)

Registration District No. 677
Primary Registration District No. 4403

File No. 17255
Registered No. 59

2. FULL NAME Claude E. Williams

(a) Residence, No. Phelps Co St. 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 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 Pearl.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 19, 1894

7. AGE YEARS 42 MONTHS 10 DAYS 27 If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) Phelps Co (STATE OR COUNTRY) Mo

13. NAME John Williams

14. BIRTHPLACE (CITY OR TOWN) Ill (STATE OR COUNTRY)

15. MAIDEN NAME Rachel Green

16. BIRTHPLACE (CITY OR TOWN) Phelps Co (STATE OR COUNTRY) Mo

17. INFORMANT John Williams (ADDRESS) Edgar Springs

18. BURIAL, CREMATION, OR REMOVAL PLACE Southard Cem DATE April 18, 1937

19. UNDERTAKER Null and Son (ADDRESS) Rolla Mo.

20. FILED April 18, 1937 Joe F. Rogers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-3-1937, to 4-16-1937

I last saw him alive on 4-16-1937 Death is said

to have occurred on the date stated above, at 10 p.m.

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

Preparation of the transverse colon due to ulceration of colon

Date of onset

Other contributory causes of importance:

1206

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) W. J. McFarland, M. D.

(Address) Rolla 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.

