

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

Do not use this space.

JUN 22 1937

20192

1. PLACE OF DEATH

County Saline
Township Farmers
City Farmers (No.)

Registration District No. 572947
Primary Registration District No. 747516

File No.
Registered No. 912
St. Ward

2. FULL NAME Chas. B. Williams

(a) Residence, No. 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

MEDICAL CERTIFICATE OF DEATH

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 Elizabeth E. Williams.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 31 1868

7. AGE YEARS 68 MONTHS 9 DAYS 10 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) (STATE OR COUNTRY) Montau Co. Mo.

13. NAME John W. Williams

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

15. MAIDEN NAME Margaret A. Morris

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

17. INFORMANT (ADDRESS) Elizabeth E. Williams, Farmers, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Hope DATE 5/3 1937

19. UNDERTAKER (ADDRESS) McConnaughy, Mound City, Mo.

20. FILED 513 19 37 J. C. Enay Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2 1937

22. I HEREBY CERTIFY, That I attended deceased from June 15 1936 to May 2 1937

I last saw him alive on Apr 20 1937 Death is said to have occurred on the date stated above, at 4 a m.

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

Chronic Myocarditis Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? NO

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) F. E. Hooper, M. D.
(Address) Mound City Mo

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

