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.

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

Do not use this space.

JUN 29 1937

1. PLACE OF DEATH
97 County Saline
Township Marshall
City Marshall R.F.D. (No. ..... , ... St. ..... Ward)

Registration District No. 796
Primary Registration District No. 6039

File No. 21440
Registered No. 92

2. FULL NAME Jack Williams
(a) Residence, No. Marshall, R.F.D. #3 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 Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jessie Garrett

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

7. AGE 43 YEARS | MONTHS 2 | DAYS 2 | 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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline county

FATHER
13. NAME Eva Williams
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline county

MOTHER
15. MAIDEN NAME Laura Clay
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline county

17. INFORMANT (ADDRESS) Mrs. Jessie Williams Marshall, R.F.D. 3

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fairview-Marshall DATE 5-12-37, 19

19. UNDERTAKER (ADDRESS) R. Robbins Marshall, Mo.

20. FILED 5-12, 1937 Mary Kent Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8, 1937

22. I HEREBY CERTIFY, That I ~~attended deceased from~~ Held inquest May 8, 1937, to ✓, 19
I last saw h ✓ alive on ✓, 19 Death is said to have occurred on the date stated above, at 6 P.m.
The principal cause of death and related causes of importance were as follows:

Apoplexy - hemorrhage
Lenticulo - striate
artery

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?
If so, specify ✓
(Signed) B. C. Bradshaw, M. D.
(Address) Coroner - Saline Co. Mo.
Arrow Rock - Mo.