

AUG 27 1937

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

Do not use this space.

28052

1. PLACE OF DEATH

County Pettis  
Township Sedalia  
City Sedalia

Registration District No. 665

Primary Registration District No. 3232

(No. 520 East 4th. St. Ward)

File No. 213

Registered No. 668

2. FULL NAME

William J. Williams

(a) Residence, No. 520 East 4th. 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

Emma Williams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 7, 1862

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, ..... hrs.  
or ..... min.

74

11

4

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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)

North Carolina

FATHER  
MOTHER

13. NAME

Hiram Williams

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

North Carolina

15. MAIDEN NAME

Mary Lasseter

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

North Carolina

17. INFORMANT

(ADDRESS)

Mrs. Emma Williams

Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Crown Hill

DATE July 13, 1937

19. UNDERTAKER

(ADDRESS)

Gillespie Funeral Home

Sedalia, Mo.

20. FILED

7-13-37 James Black  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from

Jan 10 1933, to July 11, 1937

I last saw him alive on July 10, 1937 Death is said

to have occurred on the date stated above, at 2 a. m.

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

Chronic endo-carditis

Date of onset  
1933

Other contributory causes of importance:

Chronic interstitial nephritis

Name of operation

None

Date of

What test confirmed diagnosis?

Chronic

Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? None Date of injury None, 19None

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)

(Address)

James Black  
Sedalia, Mo.

M. D.

