

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

OCT 20 1937

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

Do not use this space.

34207

1. PLACE OF DEATH

County Drelna Registration District No. 317
Township Republic Primary Registration District No. 4192
City Republic (No. 2) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME Benjamin Henry 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 28, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from June, 1937, to Sept 28, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 31, 1887

I last saw him alive on Sept 27, 1937. Death is said to have occurred on the date stated above, at 2 P. m.

7. AGE YEARS MONTHS DAYS If LESS than 1 or, hrs. min.
50 3 27

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

Diabetic Mellitus prob in late in

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

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

Other contributory causes of importance:
The usual course of the disease

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

Name of operation none Date of _____

13. NAME William Brandy Williams

What test confirmed diagnosis? Physical Specimens an autopsy? no

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? none Date of injury _____, 19____

15. MAIDEN NAME Mary Victoria Logan

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

Manner of injury _____
Nature of injury _____

17. INFORMANT Ethel Carter
(ADDRESS) Shrewsbury, Mo.

24. Was disease or injury in any way related to occupation of deceased? no

18. BURIAL, CREMATION, OR REMOVAL
PLACE Burgess DATE Sept. 30, 1937

If so, specify _____

19. UNDERTAKER R. L. Thurman & Co.
(ADDRESS) Republic, Mo.

(Signed) E. L. Neal, M. D.
(Address) Republic, Mo.

20. FILED Oct. 6, 1937 Mrs. Bettle Nance
Registrar

