

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.

NOV 15 1937

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

Do not use this space.

36972

1. PLACE OF DEATH
County Adair Registration District No. 4
Township Perkinsville Primary Registration District No. 3001
City Perkinsville No. 1 St. 1 Ward 1

2. FULL NAME Everett Carter Williams
(a) Residence, No. 604 S. Osteopathy St. 3 Ward 3
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 1 mos. 1 ds. How long in U. S., if of foreign birth? yrs. 1 mos. 1 ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 31, 1866

7. AGE YEARS <u>75</u>	MONTHS <u>6</u>	DAYS <u>1</u>	IF LESS than 1 day, hrs. <u>0</u> or min. <u>0</u>
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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. farmer

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) Evale, Penn

MOTHER FATHER

13. NAME Joseph Williams

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

15. MAIDEN NAME Sabathy Carter

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

17. INFORMANT (ADDRESS) Minor C. Williams

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethel DATE Oct 3 1937

19. UNDERTAKER (ADDRESS) Sumner & Birchbaugh
Highville Mo

20. FILED Oct 13 1937 Spencer L. Freeman
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-1-1937

22. I HEREBY CERTIFY, That I attended deceased from September 19 1936 to Oct 1 1937
I last saw him alive on 10-1-1937. Death is said to have occurred on the date stated above, at 7:30 m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of the rectum. Date of onset _____

Other contributory causes of importance:
Chronic myocardial degeneration

Name of operation none 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? no 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) E. J. Davis M. D.
(Address) Highville, Mo.

